

ICMJE DISCLOSURE FORM

Date: July. 4th, 2024

Your Name: Janghee Lee

Manuscript Title: Omission of axillary surgery in cN0, postmenopausal ER-positive/HER2-negative breast cancer patients undergoing breast-conserving treatment

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: July. 4th, 2024

Your Name: Yeonjoo Kwon

Manuscript Title: Omission of axillary surgery in cN0, postmenopausal ER-positive/HER2-negative breast cancer patients undergoing breast-conserving treatment

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Date: July. 4th, 2024

Your Name: Jihe Lim

Manuscript Title: Omission of axillary surgery in cN0, postmenopausal ER-positive/HER2-negative breast cancer patients undergoing breast-conserving treatment

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Date: July. 4th, 2024

Your Name: Boram Ha

Manuscript Title: Omission of axillary surgery in cN0, postmenopausal ER-positive/HER2-negative breast cancer patients undergoing breast-conserving treatment

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ICMJE DISCLOSURE FORM

Date: July. 4th, 2024
 Your Name: Sanghwa Kim
 Manuscript Title: Omission of axillary surgery in cN0, postmenopausal ER-positive/HER2-negative breast cancer patients undergoing breast-conserving treatment
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Date: July. 4th, 2024

Your Name: Jung Ho Park

Manuscript Title: Omission of axillary surgery in cN0, postmenopausal ER-positive/HER2-negative breast cancer patients undergoing breast-conserving treatment

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Your Name: Young Ah Lim

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Date: July. 4th, 2024

Your Name: Hee-Joon Kang

Manuscript Title: Omission of axillary surgery in cN0, postmenopausal ER-positive/HER2-negative breast cancer patients undergoing breast-conserving treatment

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