| Date: 2021-3-5 |
|---|
| Your Name: Aiying Qi |
| Manuscript Title: Effect of postoperative chemotherapy on blood glucose and lipid metabolism in patient |
| with invasive breast cancer |
| 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

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|------|---|------|--|--|--|
| 5 | Payment or honoraria for | None | | | |
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | None | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| - 10 | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
| | Stock of Stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| I | I have no conflicts of interest to declare. | | | | |
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| Date: <u>2021</u> -3-5 |
|--|
| Your Name: Yanping Li |
| Manuscript Title: Effect of postoperative chemotherapy on blood glucose and lipid metabolism in patients |
| with invasive breast cancer |
| 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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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

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| 5 | Payment or honoraria for | None | | | |
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | None | | | |
| | testimony | | | | |
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| 7 | Support for attending meetings and/or travel | None | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| - 10 | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
| | Stock of Stock options | | | | |
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| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| I | I have no conflicts of interest to declare. | | | | |
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| Date: 2021-3-5 |
|--|
| Your Name: Susu Yan |
| Manuscript Title: Effect of postoperative chemotherapy on blood glucose and lipid metabolism in patients |
| with invasive breast cancer |
| 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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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | |
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| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
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| 6 | Payment for expert | None | | |
| | testimony | | | |
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| 7 | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
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| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
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| 12 | Receipt of equipment, | None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| 12 | services Other financial or non- | Nege | | |
| 13 | financial interests | None | | |
| | inancial interests | | | |
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| Date: 2021-3-5 |
|--|
| Your Name: Huiying Sun |
| Manuscript Title: Effect of postoperative chemotherapy on blood glucose and lipid metabolism in patien |
| with invasive breast cancer |
| Manuscript number (if known): |

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | |
|------|---|-----------------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
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| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
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| 12 | Receipt of equipment, | None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| 12 | services Other financial or non- | Nege | | |
| 13 | financial interests | None | | |
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| I | have no conflicts of interes | est to declare. | | |
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| Date: <u>2021-3-5</u> |
|---|
| Your Name: Meiling Zhao |
| Manuscript Title: Effect of postoperative chemotherapy on blood glucose and lipid metabolism in patient |
| with invasive breast cancer |
| Manuscript number (if known): |

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| 8 | Patents planned, issued or | None | | |
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| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
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| 10 | Leadership or fiduciary role | None | | |
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| 11 | Stock or stock options | None | | |
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| 12 | Receipt of equipment, | None | | |
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| 13 | Other financial or non- | None | | |
| | financial interests | | | |
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| Date: 2021-3-5 | |
|---|------------------------|
| Your Name: Yuhui Chen | |
| Manuscript Title: Effect of postoperative chemotherapy on blood glucose and lipid r | metabolism in patients |
| with invasive breast cancer | |
| Manuscript number (if known): | |

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| 8 | Patents planned, issued or | None | | |
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