

ICMJE DISCLOSURE FORM

Date: 6/13/2021

Your Name: Qiyun Shi

Manuscript Title: Development and validation of a prognostic nomogram for early HER2-positive and lymph node-negative 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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ICMJE DISCLOSURE FORM

Date: 6/13/2021
 Your Name: Ju Wang
 Manuscript Title: Development and validation of a prognostic nomogram for early HER2-positive and lymph node-negative breast cancer
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/13/2021

Your Name: Xiang Ai

Manuscript Title: Development and validation of a prognostic nomogram for early HER2-positive and lymph node-negative breast cancer

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ICMJE DISCLOSURE FORM

Date: 6/13/2021

Your Name: Juncheng Xuhong

Manuscript Title: Development and validation of a prognostic nomogram for early HER2-positive and lymph node-negative breast cancer

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ICMJE DISCLOSURE FORM

Date: 6/13/2021
 Your Name: Dandan Ma
 Manuscript Title: Development and validation of a prognostic nomogram for early HER2-positive and lymph node-negative breast cancer
 Manuscript number (if known): _____

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Date: 6/13/2021
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 Manuscript Title: Development and validation of a prognostic nomogram for early HER2-positive and lymph node-negative breast cancer
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ICMJE DISCLOSURE FORM

Date: 6/13/2021

Your Name: Xiaowei Qi

Manuscript Title: Development and validation of a prognostic nomogram for early HER2-positive and lymph node-negative breast cancer

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