

ICMJE DISCLOSURE FORM

Date: _____ 2022/2/10 _____
 Your Name: _____ Xiaolian Lai _____
 Manuscript Title: _____ Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study _____
 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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022/2/09

Your Name: Wei Han

Manuscript Title: Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study

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: _____ 2022/2/15 _____
 Your Name: _____ Hanqun Zhang _____
 Manuscript Title: _____ Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study _____
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/2/12

Your Name: Jing Hou

Manuscript Title: Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/06
 Your Name: Guanghui Wang
 Manuscript Title: Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022/3/10
 Your Name: Xiaoqing Luo
 Manuscript Title: Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/15

Your Name: Xin Li

Manuscript Title: Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 2022/3/20 _____
 Your Name: _____ Qi Wang _____
 Manuscript Title: _____ Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study _____
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/21
 Your Name: Yi Zhang
 Manuscript Title: Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/24

Your Name: Hua Wang

Manuscript Title: Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/21

Your Name: Yong Li

Manuscript Title: Prognostic role of radiotherapy in low-risk elderly breast cancer patients after breast-conserving surgery: a cohort study

Manuscript number (if known): _____

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.