

ICMJE DISCLOSURE FORM

Date: April 15, 2022
 Your Name: Anjie Zhu
 Manuscript Title: Surgical reduction in chest wall disease to prolong survival in breast cancer patients
 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**.

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

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ICMJE DISCLOSURE FORM

Date: April 15, 2022
 Your Name: Zehui Yun
 Manuscript Title: Surgical reduction in chest wall disease to prolong survival in breast cancer patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 15, 2022
 Your Name: Miaoning You
 Manuscript Title: Surgical reduction in chest wall disease to prolong survival in breast cancer patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 15, 2022
 Your Name: Xiaoran Liu
 Manuscript Title: Surgical reduction in chest wall disease to prolong survival in breast cancer patients
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ICMJE DISCLOSURE FORM

Date: April 15, 2022
 Your Name: Xu Liang
 Manuscript Title: Surgical reduction in chest wall disease to prolong survival in breast cancer patients
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Date: April 15, 2022
 Your Name: Ying Yan
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 Your Name: Bin Shao
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Date: April 15, 2022
 Your Name: Hanfang Jiang
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ICMJE DISCLOSURE FORM

Date: April 15, 2022
 Your Name: Lijun Di
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Date: April 15, 2022
 Your Name: Guohong Song
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Date: April 15, 2022
 Your Name: Huiping Li
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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.