

ICMJE DISCLOSURE FORM

Date: _____ 2022/8/1 _____

Your Name: _____ Can Tian _____

Manuscript Title: _____ Clinical and genetic risk factors for capecitabine maintenance treatment in metastatic breast cancer: a retrospective observational 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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Please summarize the above conflict of interest in the following box:

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

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Date: _____ 2022/8/1 _____

Your Name: _____ Jianbo Yang _____

Manuscript Title: _____ Clinical and genetic risk factors for capecitabine maintenance treatment in metastatic breast cancer: a retrospective observational study _____

Manuscript number (if known): _____

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Date: _____ 2022/8/1 _____

Your Name: _____ Ning Xie _____

Manuscript Title: _____ Clinical and genetic risk factors for capecitabine maintenance treatment in metastatic breast cancer: a retrospective observational study _____

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Date: _____ 2022/8/1 _____

Your Name: _____ Yu Tang _____

Manuscript Title: _____ Clinical and genetic risk factors for capecitabine maintenance treatment in metastatic breast cancer: a retrospective observational study _____

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Your Name: Haoyu Zhou

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Date: _____ 2022/8/1 _____

Your Name: _____ Zhe-Yu Hu _____

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Your Name: _____ Quchang Ouyang _____

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