

ICMJE DISCLOSURE FORM

Date: 2023/01/08
 Your Name: Jing Li
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
 Manuscript number (if known): ATM-22-6446

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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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	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 2023/01/08
 Your Name: Dianbao Zhang
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
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Date: 2023/01/08
 Your Name: Zhiwei Liu
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
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ICMJE DISCLOSURE FORM

Date: 2023/01/08
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 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
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ICMJE DISCLOSURE FORM

Date: 2023/01/08
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 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
 Manuscript number (if known): ATM-22-6446

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Date: 2023/01/08
 Your Name: Gaofeng Liang
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
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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.	Funding	This work was supported in part by grants from project of Science and Technology Department of Henan Province (2018010019).
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	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> 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	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.
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:

The author reports that this work was supported in part by grants from the Science and Technology Department of Henan Province (No. 2018010019), and received receipt of materials (Anlotinib and PD-L1 inhibitor [SHR-1316 injection]) from Hengrui Medicine Co. Ltd for free.

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

X 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: 2023/01/08
 Your Name: Andrzej L. Komorowski
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
 Manuscript number (if known): ATM-22-6446

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.

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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: 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	

4	Consulting fees	<input type="checkbox"/> None	
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 type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

The author reports that this work was supported in part by grants from the Science and Technology Department of Henan Province (No. 2018010019), and received receipt of materials (Anlotinib and PD-L1 inhibitor [SHR-1316 injection]) from Hengrui Medicine Co. Ltd for free.

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: 2023/01/08
 Your Name: Warren Matthew Rozen
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
 Manuscript number (if known): ATM-22-6446

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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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	

4	Consulting fees	<input type="checkbox"/> None	
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 type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

The author reports that this work was supported in part by grants from the Science and Technology Department of Henan Province (No. 2018010019), and received receipt of materials (Anlotinib and PD-L1 inhibitor [SHR-1316 injection]) from Hengrui Medicine Co. Ltd for free.

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: 2023/01/08
 Your Name: Armando Orlandi
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
 Manuscript number (if known): ATM-22-6446

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)
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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.	Funding	This work was supported in part by grants from project of Science and Technology Department of Henan Province (2018010019).
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	

4	Consulting fees	Daiichi Sankyo, Novartis, Pfizer, Lilly, Gilead	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Daiichi Sankyo, Novartis, Pfizer, Lilly, Gilead, Amgen	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Daiichi Sankyo, Novartis, Pfizer, Lilly, Gilead,	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Daiichi Sankyo, Novartis, Pfizer, Lilly, Gilead,	
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	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr. A. Orlandi received consulting fees from Daiichi Sankyo, Novartis, Pfizer, Lilly, Gilead; payment for lectures and presentations from Daiichi Sankyo, Novartis, Pfizer, Lilly, Gilead, Amgen; support for attending meetings from Daiichi Sankyo, Novartis, Pfizer, Lilly, Gilead, and participation on a Data Safety Monitoring Board from Daiichi Sankyo, Novartis, Pfizer, Lilly, Gilead. The author also reports that this work was supported in part by grants from the Science and Technology Department of Henan Province (No. 2018010019), and received receipt of materials (Anlotinib and PD-L1 inhibitor [SHR-1316 injection]) from Hengrui Medicine Co. Ltd for free.

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: 2023/01/08
 Your Name: Kazuaki Takabe
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
 Manuscript number (if known): ATM-22-6446

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.

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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	

4	Consulting fees	<input type="checkbox"/> None	
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 type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

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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: 2023/01/08
 Your Name: Gianluca Franceschini
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
 Manuscript number (if known): ATM-22-6446

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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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	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> 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	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.
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:

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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: 1/8/2023

Your Name: Guy Jerusalem

Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer

Manuscript Number (if known): ATM-22-6446_

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 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.

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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.	<input checked="" type="checkbox"/> Funding This work was supported in part by grants from project of Science and Technology Department of Henan Province (2018010019). <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> </table> Click the tab key to add additional rows.						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above). Please specify if payments were made to you or to your institution	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Novartis, Roche, Pfizer</td> <td style="width: 40%;">Institution</td> </tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>	Novartis, Roche, Pfizer	Institution				
Novartis, Roche, Pfizer	Institution							

		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)						
3	Royalties or licenses Please specify if payments were made to you or to your institution	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
4	Consulting fees Please specify if payments were made to you or to your institution	<table border="1"><tr><td>Novartis, Amgen, Roche, Pfizer, Bristol-Myers Squibb, Lilly, Astra-Zeneca, Daiichi Sankyo, Abbvie, Seagen</td><td>Me</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Novartis, Amgen, Roche, Pfizer, Bristol-Myers Squibb, Lilly, Astra-Zeneca, Daiichi Sankyo, Abbvie, Seagen	Me					
Novartis, Amgen, Roche, Pfizer, Bristol-Myers Squibb, Lilly, Astra-Zeneca, Daiichi Sankyo, Abbvie, Seagen	Me								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Please specify if payments were made to you or to your institution	<table border="1"><tr><td>Novartis, Amgen, Roche, Pfizer, Bristol-Myers Squibb, Lilly, Astra-Zeneca, Daiichi Sankyo, Abbvie, Seagen</td><td>Me</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Novartis, Amgen, Roche, Pfizer, Bristol-Myers Squibb, Lilly, Astra-Zeneca, Daiichi Sankyo, Abbvie, Seagen	Me					
Novartis, Amgen, Roche, Pfizer, Bristol-Myers Squibb, Lilly, Astra-Zeneca, Daiichi Sankyo, Abbvie, Seagen	Me								
6	Payment for expert testimony Please specify if payments were made to you or to your institution	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
7	Support for attending meetings and/or travel Please specify if payments were made to you or to your institution	<table border="1"><tr><td>Novartis, Roche, Pfizer, Lilly, Amgen, Bristol-Myers Squibb, AstraZeneca</td><td>Me</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Novartis, Roche, Pfizer, Lilly, Amgen, Bristol-Myers Squibb, AstraZeneca	Me					
Novartis, Roche, Pfizer, Lilly, Amgen, Bristol-Myers Squibb, AstraZeneca	Me								
8	Patents planned, issued or pending Please specify if payments were made to you or to your institution	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

	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)						
	<p>to your institution</p>							
<p>9 Participation on a Data Safety Monitoring Board or Advisory Board Please specify if payments were made to you or to your institution</p>	<p><input checked="" type="checkbox"/> None</p> <table border="1" data-bbox="386 474 1515 575"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Please specify if payments were made to you or to your institution</p>	<p><input checked="" type="checkbox"/> None</p> <table border="1" data-bbox="386 821 1515 921"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>11 Stock or stock options Please specify if payments were made to you or to your institution</p>	<p><input checked="" type="checkbox"/> None</p> <table border="1" data-bbox="386 1230 1515 1331"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>12 Receipt of equipment, materials, drugs, medical writing, gifts or other services Please specify if payments were made to you or to your institution</p>	<table border="1" data-bbox="386 1442 954 1640"> <tr> <td data-bbox="386 1442 954 1507">Novartis, Roche, Lilly, Amgen, Bristol-Myers Squibb, AstraZeneca, Medimmune, MerckKGaA</td> <td data-bbox="954 1442 1515 1507">Medical Writing to me</td> </tr> <tr> <td data-bbox="386 1507 954 1608">Receipt of materials</td> <td data-bbox="954 1507 1515 1608">Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.</td> </tr> <tr> <td data-bbox="386 1608 954 1640"></td> <td data-bbox="954 1608 1515 1640"></td> </tr> </table>	Novartis, Roche, Lilly, Amgen, Bristol-Myers Squibb, AstraZeneca, Medimmune, MerckKGaA	Medical Writing to me	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.			
Novartis, Roche, Lilly, Amgen, Bristol-Myers Squibb, AstraZeneca, Medimmune, MerckKGaA	Medical Writing to me							
Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.							

	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)						
13 Other financial or non-financial interests Please specify if payments were made to you or to your institution	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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

Dr. Jerusalem reports grants, personal fees and non-financial support from Novartis, Roche, Pfizer, Lilly, Amgen, BMS, and Astra-Zeneca; personal fees from Abbvie, Daiichi-Sankyo, and Seagen; non-financial support from Medimmune and MerckKGaA outside the submitted work. The author also reports that this work was supported in part by grants from the Science and Technology Department of Henan Province (No. 2018010019), and received receipt of materials (Anlotinib and PD-L1 inhibitor [SHR-1316 injection]) from Hengrui Medicine Co. Ltd for free.

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: 2023/01/08
 Your Name: Xinshuai Wang
 Manuscript Title: The combined effect and mechanism of antiangiogenic drugs and PD-L1 inhibitor on cell apoptosis in triple negative breast cancer
 Manuscript number (if known): ATM-22-6446

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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.	Funding	This work was supported in part by grants from project of Science and Technology Department of Henan Province (2018010019).
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Receipt of materials	Anlotinib and PD-L1 inhibitor (SHR-1316 injection) were provided free of charge by Hengrui Medicine Co. Ltd.
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:

The author reports that this work was supported in part by grants from the Science and Technology Department of Henan Province (No. 2018010019), and received receipt of materials (Anlotinib and PD-L1 inhibitor [SHR-1316 injection]) from Hengrui Medicine Co. Ltd for free.

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