

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jianli

2. Surname (Last Name)
Chu

3. Date
14-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name
Jielai Xia

5. Manuscript Title

Nomograms predicting survival for all four subtypes of breast cancer: a SEER-based population study

6. Manuscript Identifying Number (if you know it)

ATM-20-2808

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Dr. Chu has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dehong	2. Surname (Last Name) Yang	3. Date 14-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jielai Xia
5. Manuscript Title Nomograms predicting survival for all four subtypes of breast cancer: a SEER-based population study		
6. Manuscript Identifying Number (if you know it) ATM-20-2808		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Ling

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Wang

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14-April-2020

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Corresponding Author's Name
Jielai Xia

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Jielai

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Xia

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