

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Liang	2. Surname (Last Name) Huang	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name AYong Cao
5. Manuscript Title A Predictor of Pathological Complete Response to Neoadjuvant Chemotherapy in Triple Negative Breast Cancer Patients with the DNA Repair Genes		
6. Manuscript Identifying Number (if you know it) ATM-20-4852		

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Are there any relevant conflicts of interest? Yes No

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Dr. Huang has nothing to disclose.

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1. Given Name (First Name) GuanTian	2. Surname (Last Name) Lang	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name AYong Cao
5. Manuscript Title A Predictor of Pathological Complete Response to Neoadjuvant Chemotherapy in Triple Negative Breast Cancer Patients with the DNA Repair Genes		
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Section 1. Identifying Information

1. Given Name (First Name) Qi	2. Surname (Last Name) Liu	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name AYong Cao
5. Manuscript Title A Predictor of Pathological Complete Response to Neoadjuvant Chemotherapy in Triple Negative Breast Cancer Patients with the DNA Repair Genes		
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Section 1. Identifying Information

1. Given Name (First Name) JinXiu	2. Surname (Last Name) Shi	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name AYong Cao
5. Manuscript Title A Predictor of Pathological Complete Response to Neoadjuvant Chemotherapy in Triple Negative Breast Cancer Patients with the DNA Repair Genes		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

AYong

2. Surname (Last Name)

Cao

3. Date

23-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A Predictor of Pathological Complete Response to Neoadjuvant Chemotherapy in Triple Negative Breast Cancer Patients with the DNA Repair Genes

6. Manuscript Identifying Number (if you know it)

ATM-20-4852

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Cao has nothing to disclose.

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