Date:_2021.8.10			
Your Name: Xianyuan Miao			
Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular			
regulatory T cells in breast cancer			
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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
	·			
7	Support for attending	None		
-	meetings and/or travel			
	go aa, o. trave.			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:	
_				
	None			

Date:_2021.8.10
Your Name: Qiusheng Guo
Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cell
in breast cancer
Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
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7	Support for attending meetings and/or travel	None			
	meetings and/or traver				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	None			
11	Stock of Stock options	None			
12	Receipt of equipment,	None			
12	materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Dia					
PIE	Please summarize the above conflict of interest in the following box:				
	None				

ate:_2021.8.10
our Name: Zhiwen Pan
Ianuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells
n breast cancer
lanuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
_	educational events	Mana	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
•	meetings and/or travel		
	G .		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		••	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	Pase summarize the above co	onflict of interest in the fo	lowing box:

Date:_2021.8.10
Your Name: Xiaohong Xu
Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells
in breast cancer
Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	None		
	testimony			
-	6	N.		
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
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9	Participation on a Data	None		
	Safety Monitoring Board or			
10	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None			

Date: _2021.8.10
Your Name: Xiying Shao
Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells
in breast cancer
Manuscript number (if known):

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Please summarize the above conflict of interest in the following box:			
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	None		

Date: <u>2021/08/</u>	<u>10</u>
Your Name:	Xiao-Jia Wang
Manuscript Title:	The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells in
breast cancer	
Manuscript numb	er (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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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

Receipt of equipment, materials, drugs, medical writing, gifts or other services   Receipt of equipment, materials, drugs, medical writing, gifts or other services   Southern financial interests   None	$\neg$			
lectures, presentations, speakers bureaus, manuscript writing or educational events   None		Payment or honoraria for	None	
speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- financial interests  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 or	5		None	
manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  OL Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Precipt of equipment, materials, drugs, medical writing, giffs or other services  Other financial or non-financial interests  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 of the questio				
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Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board or Advisory Board or Inductive plants of the poard, society, committee or advocacy group, paid or unpaid Inductive plants, drugs, medical writing, gifts or other services Inductive plants or oth				
Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial interests  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 of the properties of the properties of the questions of		Support for attending	None	
Pericipation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- financial interests  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 of				
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Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests  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 of				
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Safety Monitoring Board or Advisory Board  0 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  1 Stock or stock options  2 Receipt of equipment, materials, drugs, medical writing, gifts or other services  3 Other financial or non-financial interests  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 or interest or interest or interest or interest or indicate the wording of any of the questions or indicate in the following of any of the questions or indicate the wording of any of the questions or indicate in the following of any of the questions or indicate the wording of any of the questions or indicate in the following of any of the questions or indicate in the following of any of the questions or indicate in the following of any of the questions or indicate in the following of any of the questions or indicate in the following of any of the questions or indicate in the following of any of the questions or indicate in the following of any of the questions or indicate in the following of any of the questions or indicate in the following indica	)	Participation on a Data	None	
Advisory Board  O Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  1 Stock or stock options  None  Receipt of equipment, None materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests  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 of the content of the property of the questions of the quest				
in other board, society, committee or advocacy group, paid or unpaid  1 Stock or stock options  2 Receipt of equipment, materials, drugs, medical writing, gifts or other services  3 Other financial or non-financial interests  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 or				
committee or advocacy group, paid or unpaid  1 Stock or stock options  2 Receipt of equipment, materials, drugs, medical writing, gifts or other services  3 Other financial or non-financial interests  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 of	.0	Leadership or fiduciary role	None	
group, paid or unpaid  Stock or stock options  None  None  None  None  Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  None  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 of		in other board, society,		
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Receipt of equipment, materials, drugs, medical writing, gifts or other services  3 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:  None  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 of				
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materials, drugs, medical writing, gifts or other services  3  Other financial or non- financial interests  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 of				
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I certify that I have answered every question and have not altered the wording of any of the questions of	pام	ase place an "X" next to the	e following statement to i	ndicate your agreement:
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