Dat	te:2021/12/10		
Υοι	ır Name: Xu Lia	ing	
Ma	nuscript Title:Self-ad	ministration of complex d	lecongestive therapy facilitated by the mobile application
We	Chat improves lympheden	na and quality of life in bre	east cancer survivors: an observational study
Ma	nuscript number (if known	):	
rela	ated to the content of your	manuscript. "Related" m	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment
-	<del>-</del>	<del>-</del>	s. If you are in doubt about whether to list a
	ationship/activity/interest,		
		icio preferance mac you o	
	e following questions apply nuscript only.	to the author's relationsl	nips/activities/interests as they relate to the <u>current</u>
to 1		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure		ed in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
L	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).	Nava	
5	Royalties or licenses	None	

Consulting fees

None

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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		
	-		
	B		
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		
pام	ase summarize the above co	onflict of interest in the fol	lowing hox:
	and remindrate the above to		g

No conflict of interest		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2021/12/	10
Your Name:		Miaoning You
Manuscript Title:		Self-administration of complex decongestive therapy facilitated by the mobile application
WeChat imp	roves lym	phedema and quality of life in breast cancer survivors: an observational study
Manuscript n	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 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.

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) 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.	Langtai Nursing Research Project of Peking University School of Nursing (LTHL18MS10)	No payments were made to this study
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	30 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Miaoning You reports the support for the present manuscript from Langtai Nursing Research Project of Peking University School of Nursing (LTHL18MS10).

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	te: <u>2021/12/10</u>					
Yo	ur Name:Cuiju W	<sup>7</sup> en				
Ma	Manuscript Title: Self-administration of complex decongestive therapy facilitated by the mobile application					
We	<b>Chat improves lymphedem</b>	a and quality of life in brea	ast cancer survivors: an observational study			
Ma	nuscript number (if known)	:				
rel to rel The	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only.	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.  Ips/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains			
to me	the epidemiology of hyperted ication, even if that medic	ension, you should declare ation is not mentioned in oport for the work reporte	all relationships with manufacturers of antihypertensive			
		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)			
		Time frame: Since the initia	l 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				
2		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				

Consulting fees

None

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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		
	-		
	B		
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		
pام	ase summarize the above co	onflict of interest in the fol	lowing hox:
	and remindrate the above to		g

No conflict of interest		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2021	/12/10	
Your Name:		Fengzhen Hou	
Manuscript Title:		Self-administration of complex decongestive therapy facilitated by the mobile application	
WeChat improves lymphedema and quality of life in breast cancer survivors: an 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data Safety Monitoring Board or	None			
	Advisory Board				
10	Leadership or fiduciary role in other board, society,	None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical	None			
	writing, gifts or other				
12	services Other financial or non-	None			
13	other financial or non- financial interests	None			
	inialiciai interests				
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No conflict of interest		

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2021/12/10
Your Name:	Jingjing Kang
Manuscript	Title: Self-administration of complex decongestive therapy facilitated by the mobile application
WeChat imp	proves lymphedema and quality of life in breast cancer survivors: an observational study
Manuscript	number (if known):
In the inter	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are
related to t	he content of your manuscript. "Related" means any relation with for-profit or not-for-profit third
parties who	se interests may be affected by the content of the manuscript. Disclosure represents a commitment
to transpare	ency and does not necessarily indicate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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.

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		
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	Descipt of annium and	Nama	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests		
Ple	ase summarize the above c	onflict of interest in the	following box:

No conflict of interest		

\_\_X\_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	te:2021/12/10						
Yo	ur Name:Zhihua	Lv					
Ma	Manuscript Title: Self-administration of complex decongestive therapy facilitated by the mobile application						
	WeChat improves lymphedema and quality of life in breast cancer survivors: an observational study						
	anuscript number (if known						
rel pa to rel Th ma	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in a poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive				
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)				
		none (add rows as needed)					
		Time frame: Since the initia	I planning of the work				
1	All support for the present	None					
_	manuscript (e.g., funding,	None					
	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					
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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	0 10 11	N.	
7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending		
9	Darticipation as a Data	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	IVUITE	
	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		
15	services	N.	
13	Other financial or non-	None	
	financial interests		
DIA	ease summarize the above co	onflict of interest in the fol	lowing hox:
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	No conflict of interest		

\_X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2021/12/10		
Your Name: Jun T	ian	
Manuscript Title: Self-	administration of complex of	decongestive therapy facilitated by the mobile application
WeChat improves lymphede	ema and quality of life in bro	east cancer survivors: an observational study
Manuscript number (if know	vn):	
related to the content of yo parties whose interests may	ur manuscript. "Related" m y be affected by the content ot necessarily indicate a bia	all relationships/activities/interests listed below that are leans any relation with for-profit or not-for-profit third to fit of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
The following questions app manuscript only.	oly to the author's relationsl	hips/activities/interests as they relate to the <u>current</u>
	ertension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
In item #1 below, report all the time frame for disclosur		ted in this manuscript without time limit. For all other items
	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate	institution)
	none (add rows as	institution,
	needed)	
	Time frame: Since the initi	ial planning of the work
. All support for the present	None	
manuscript (e.g., funding,		
provision of study material	s,	
medical writing, article		
processing charges, etc.)		
No time limit for this item		
	Time frame: pa	st 36 months
Grants or contracts from	None	

None

None

any entity (if not indicated

in item #1 above). Royalties or licenses

Consulting fees

3

4

5	Payment or honoraria for lectures, presentations,	None		
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
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, materials, drugs, medical	None		
	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:			

No conflict of interest		

\_\_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.