

ICMJE DISCLOSURE FORM

Date: 2021/5/6

Your Name: Quanyi Long

Manuscript Title: Oral adverse effects of CDK4/6 inhibitors among breast cancer patients: a systematic review and meta-analysis

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.

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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)
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.	<u>None</u>	
		Science and Technology Department of Sichuan Province (No .2017SZ0065)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>√</u> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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Your Name: Xiaomin Li

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