

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Yuan Yuan

Manuscript Title: The successful application of pyrotinib in the treatment of primary trastuzumab-resistant

Manuscript number (if known): HER-2 positive breast cancer with bilateral axillary lymph node metastasis: a case report

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 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>X</u> None |
| Time frame: past 36 months | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>X</u> None |
| 3 | Royalties or licenses | <u>X</u> None |
| 4 | Consulting fees | <u>X</u> None |

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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> 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 on this form.

ICMJE DISCLOSURE FORM

Date: May 25th 2021

Your Name: Sajina Hu

Manuscript Title: The successful application of pyrotinib in the treatment of primary trastuzumab-resistant HER2-positive breast cancer with bilateral axillary lymph node metastasis: a case report.

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.05.25

Your Name: Yu Xian

Manuscript Title: The successful application of pyrotinib in the treatment of primary

Manuscript number (if known): trastuzumab resistant HER2-positive breast cancer with

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 current manuscript only. bilateral axillary lymph node metastasis: a case report

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ICMJE DISCLOSURE FORM

Date: May 15th, 2021

Your Name: Lili Zhang

Manuscript Title: The successful application of pyrotinib in the treatment of primary trastuzumab-resistant HER-2 positive breast cancer with bilateral axillary lymph node metastasis: a case report

Manuscript number (if known): _____

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| 3 | Royalties or licenses | <u>Y</u> None |
| 4 | Consulting fees | <u>X</u> None |

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