

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kexin	2. Surname (Last Name) Feng	3. Date 14-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xin Wang
5. Manuscript Title Narrative Review of the application of radiotherapy treatment in the nipple-areola complex-sparing mastectomy		
6. Manuscript Identifying Number (if you know it) ABS-2019-NIABR-07(ABS-20-77)		

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Feng has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Xiangzhi	2. Surname (Last Name) Meng	3. Date 15-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xin Wang
5. Manuscript Title Narrative Review of the application of radiotherapy treatment in the nipple-areola complex-sparing mastectomy		
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Dr. Meng has nothing to disclose.

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Yipeng

2. Surname (Last Name)

Wang

3. Date

15-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xin Wang

5. Manuscript Title

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