

ICMJE DISCLOSURE FORM

Date: 09/20/2034

Your Name: Daisy L. Spoer

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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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13	Other financial or non-financial interests	___ None	

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ICMJE DISCLOSURE FORM

Date: 09/20/2034

Your Name: Niloofar Ghyasi

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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ICMJE DISCLOSURE FORM

Date: 09/20/2034

Your Name: Teagan L. Thorson, DO

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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Date: 09/20/2034

Your Name: Samuel S. Huffman

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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Date: 09/20/2034

Your Name: Lauren E. Berger

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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Date: 09/20/2034

Your Name: Christian X. Lava

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

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Date: 09/20/2034

Your Name: Chung-Fu Lin

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

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Date: 09/20/2034

Your Name: Monika K. Masanam, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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Date: 09/20/2034

Your Name: Lindy M. Rosal, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

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Date: 09/20/2034

Your Name: Marc E. Boisvert, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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Date: 09/20/2034

Your Name: Patricia B. Wehner, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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Date: 09/20/2034

Your Name: Ian T. Greenwalt, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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Date: 09/20/2034

Your Name: Jennifer D. Son, MD

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Manuscript Number: ABS-23-58

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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ICMJE DISCLOSURE FORM

Date: 09/20/2034

Your Name: Rafael J. Convit, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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ICMJE DISCLOSURE FORM

Date: 09/20/2034

Your Name: Eleni Tousimis

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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ICMJE DISCLOSURE FORM

Date: 09/20/2034

Your Name: David H. Song, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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ICMJE DISCLOSURE FORM

Date: 09/20/2034

Your Name: Kenneth L. Fan, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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Date: 09/20/2034

Your Name: Lucy M. De La Cruz, MD

Manuscript Title: Octogenarians with Triple Negative Breast Cancer

Manuscript Number: ABS-23-58

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