

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)
Michelle

2. Surname (Last Name)
Tseng

3. Date
03-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Balamurugan Vellayappan

5. Manuscript Title
Post mastectomy radiotherapy for elderly patients with intermediate risk (T1-2N1 OR T3N0) breast cancer: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Tseng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Balamurugan

2. Surname (Last Name)
Vellayappan

3. Date
03-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Post mastectomy radiotherapy for elderly patients with intermediate risk (T1-2N1 OR T3N0) breast cancer: a systematic review and meta-analysis

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Dr. Vellayappan has nothing to disclose.

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1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Choong

3. Date
03-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Balamurugan Vellayappan

5. Manuscript Title
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Gokula Kumar

2. Surname (Last Name)
Appalanaido

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1. Given Name (First Name) Yu Yang	2. Surname (Last Name) Soon	3. Date 03-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Balamurugan Vellayappan
5. Manuscript Title Post mastectomy radiotherapy for elderly patients with intermediate risk (T1-2N1 OR T3N0) breast cancer: a systematic review and meta-analysis		
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