| Date                            | e: July_26 <sup>th</sup> ,_2022  |   |   |
|---------------------------------|--|---|---|
| You                             | r Name:Hua Zhao  |   |   |
| Mar                             | nuscript Title: Trastuzun  | nab treatment of invasiv  | ve breast ductal carcinoma induces severe edema: a  |
| case                            | e report   |   |   |
| Mar                             | nuscript number (if known):  | TCR-22-1607-CL_   |   |
| rela part to to to rela The mar | ted to the content of your name ites whose interests may be ransparency and does not not interest, it following questions apply the content only.  author's relationships/active epidemiology of hypertedication, even if that medications in the content of the cont | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias.<br>It is preferable that you do<br>to the author's relationship<br>wities/interests should be do<br>nsion, you should declare a<br>tion is not mentioned in the | es/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive |
|                                 |  | 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 initia  | l 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.  | _xNone  |   |
|                                 |  | Time frame: past  | 36 months   |
| 2                               | Grants or contracts from any entity (if not indicated in item #1 above).   | _xNone  |   |
| 3                               | Royalties or licenses  | _xNone  |   |
| 4                               | Consulting fees  | xNone   |   |

|      |   |        | _ | _ |  |
|------|---|--------|---|---|--|
| 5    | Payment or honoraria for  | _xNone |   |   |  |
|      | lectures, presentations,  |        |   |   |  |
|      | speakers bureaus,<br>manuscript writing or                            |        |   |   |  |
|      | educational events  |        |   |   |  |
| 6    | Payment for expert  | _xNone |   |   |  |
|      | testimony   |        |   |   |  |
|      | -   |        |   |   |  |
| 7    | Support for attending meetings and/or travel                          | _xNone |   |   |  |
|      |   |        |   |   |  |
|      |   |        |   |   |  |
| 8    | Patents planned, issued or  | _xNone |   |   |  |
|      | pending   |        |   |   |  |
| 0    | Porticipation on a Data   | Nana   |   | _ |  |
| 9    | Participation on a Data Safety Monitoring Board or                    | _xNone |   | - |  |
|      | Advisory Board  |        |   | - |  |
| 10   | Leadership or fiduciary role  | _xNone |   |   |  |
|      | in other board, society,  |        |   |   |  |
|      | committee or advocacy group, paid or unpaid                           |        |   |   |  |
| 11   | Stock or stock options  | _xNone |   |   |  |
|      |   |        |   |   |  |
| 42   |   |        |   |   |  |
| 12   | Receipt of equipment, materials, drugs, medical                       | xNone  |   | _ |  |
|      | writing, gifts or other   |        |   |   |  |
|      | services  |        |   |   |  |
| 13   | Other financial or non-   | _xNone |   |   |  |
|      | financial interests   |        |   |   |  |
|      |   |        |   |   |  |
| Plea | Please summarize the above conflict of interest in the following box: |        |   |   |  |
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|      | lone  |        |   |   |  |

| Date                   | e: July_26 <sup>th</sup> ,_2022   |  |  |
|------------------------|---|--|--|
| You                    | r Name:Jie Zheng  |  | e breast ductal carcinoma induces severe edema: a case   |
|                        |   |  |  |
| rep                    | ort   |  |  |
| Mar                    | nuscript number (if known):   | TCR-22-1607  |  |
| relate part to trelate | ted to the content of your miles whose interests may be ransparency and does not not too ship/activity/interest, it   | nanuscript. "Related" mear<br>affected by the content of<br>ecessarily indicate a bias. I<br>is preferable that you do s | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. |
|                        | uscript only.   | ·  | · · · · · · · · · · · · · · · · · · ·  |
| to the                 | ne epidemiology of hyperter<br>lication, even if that medica  | nsion, you should declare a<br>tion is not mentioned in th<br>port for the work reported                                 | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.  in this manuscript without time limit. For all other items,                       |
|                        |   | Name all entities with   | Specifications/Comments  |
|                        |   | whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)   | (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. | _xNone   |  |
|                        |   | Time frame: past   | 36 months  |
| 2                      | Grants or contracts from any entity (if not indicated in item #1 above).  | _xNone   |  |
| 3                      | Royalties or licenses   | _xNone   |  |
| 4                      | Consulting fees   | xNone  |  |

| 5 Payment or honoraria for lectures, presentations, |   | xNone  |  |  |  |
|---|---|--------|--|--|--|
|   | speakers bureaus,   |        |  |  |  |
|   | manuscript writing or educational events                              |        |  |  |  |
| 6   | Payment for expert  | _xNone |  |  |  |
|   | testimony   |        |  |  |  |
|   |   |        |  |  |  |
| 7   | Support for attending meetings and/or travel                          | _xNone |  |  |  |
|   |   |        |  |  |  |
|   |   |        |  |  |  |
| 8   | Patents planned, issued or  | x_None |  |  |  |
|   | pending   |        |  |  |  |
| 0   | Doutisination on a Data   | Nana   |  |  |  |
| 9   | Participation on a Data Safety Monitoring Board or                    | xNone  |  |  |  |
|   | Advisory Board  |        |  |  |  |
| 10  | Leadership or fiduciary role  | _xNone |  |  |  |
|   | in other board, society,  |        |  |  |  |
|   | committee or advocacy group, paid or unpaid                           |        |  |  |  |
| 11  | Stock or stock options  | _xNone |  |  |  |
|   |   |        |  |  |  |
| 12  | Receipt of equipment,   | y None |  |  |  |
| 12  | materials, drugs, medical   | _xNone |  |  |  |
|   | writing, gifts or other   |        |  |  |  |
|   | services  |        |  |  |  |
| 13  | Other financial or non-   | _xNone |  |  |  |
|   | financial interests   |        |  |  |  |
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| Plea  | Please summarize the above conflict of interest in the following box: |        |  |  |  |
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| Date              | e: July_26 <sup>th</sup> ,_2022  |  |  |
|-------------------|--|--|--|
|                   | Name:Qin Wang  |  |  |
|                   |  |  | e breast ductal carcinoma induces severe edema: a case   |
| repo              | ort  |  |  |
| Man               | uscript number (if known):   | TCR-22-16  | 607  |
| relate to trelate | ted to the content of your management in the second management in the s | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias. I<br>is preferable that you do | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current |
| to the med        | ne epidemiology of hypertentication, even if that medica   | nsion, you should declare a<br>tion is not mentioned in th<br>port for the work reported                               | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,  |
|                   |  | A. II  |  |
|                   |  | 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.  | _xNone   |  |
|                   |  | Time frame: past   | 36 months  |
| 2                 | Grants or contracts from any entity (if not indicated in item #1 above).   | _xNone   |  |
| 3                 | Royalties or licenses  | _xNone   |  |
| 4                 | Consulting fees  | _xNone   |  |

| 5          | Payment or honoraria for lectures, presentations,  | _xNone                          |            |
|------------|--|---------------------------------|------------|
|            | speakers bureaus,                                  |                                 |            |
|            | manuscript writing or                              |                                 |            |
| 6          | educational events Payment for expert              | x None                          |            |
| 0          | testimony  | _xNone                          |            |
|            | ,  |                                 |            |
| 7          | Support for attending meetings and/or travel       | _xNone                          |            |
|            | -  |                                 |            |
|            |  |                                 |            |
| 8          | Patents planned, issued or                         | _xNone                          |            |
|            | pending  |                                 |            |
|            |  |                                 |            |
| 9          | Participation on a Data Safety Monitoring Board or | _xNone                          |            |
|            | Advisory Board                                     |                                 |            |
| 10         | Leadership or fiduciary role                       | _xNone                          |            |
|            | in other board, society,                           |                                 |            |
|            | committee or advocacy group, paid or unpaid        |                                 |            |
| 11         | Stock or stock options                             | _xNone                          |            |
|            |  |                                 |            |
| 12         | Receipt of equipment,                              | x None                          |            |
|            | materials, drugs, medical                          |                                 |            |
|            | writing, gifts or other                            |                                 |            |
| 13         | services Other financial or non-                   | x None                          |            |
| 13         | financial interests                                |                                 |            |
|            |  |                                 |            |
|            |  |                                 |            |
| <b>6</b> 1 |  | office of the control of the    |            |
| Ple        | ase summarize the above co                         | inflict of interest in the foll | owing box: |
| ſ          | None   |                                 |            |
|            |  |                                 |            |

| Date                    | e: July_26 <sup>th</sup> ,_2022   |  |  |
|-------------------------|---|--|--|
|                         | r Name:Yueqin Ai  |  |  |
| Mar                     | uscript Title:_ Trastuzum:  | ab treatment of invasive   | e breast ductal carcinoma induces severe edema: a case   |
| rep                     | ort   |  |  |
| Mar                     | uscript number (if known):  | TCR-22-1607  |  |
| related to trelated The | ted to the content of your miles whose interests may be cansparency and does not not too ship/activity/interest, it | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias. I<br>is preferable that you do | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current |
| The<br>to th<br>med     | author's relationships/activne epidemiology of hypertenlication, even if that medica                                | nsion, you should declare a<br>tion is not mentioned in th<br>port for the work reported                               | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,  |
|                         |   | Name all entities with   | Specifications/Comments  |
|                         |   | whom you have this   | (e.g., if payments were made to you or to your   |
|                         |   | relationship or indicate   | institution)   |
|                         |   | none (add rows as  |  |
|                         |   | needed)  |  |
|                         |   | Time frame: Since the initial  | planning of the work   |
| 1                       | All support for the present   | _xNone   |  |
|                         | manuscript (e.g., funding,  |  |  |
|                         | provision of study materials,   |  |  |
|                         | medical writing, article  |  |  |
|                         | processing charges, etc.)   |  |  |
|                         | No time limit for this item.  |  |  |
|                         |   |  |  |
|                         |   | <b>—</b> : .   |  |
| 2                       | Crants or contracts from  | Time frame: past   | 36 months  |
| 2                       | Grants or contracts from  | _xNone   |  |
|                         | any entity (if not indicated in item #1 above).   |  |  |
| 3                       | Royalties or licenses   | x None   |  |
| 5                       | noyalties of neerises   | _AINOTIC   |  |
|                         |   |  |  |
| 4                       | Consulting fees   | xNone  |  |

| 5   | Payment or honoraria for lectures, presentations,                     | _xNone |     |  |  |
|-----|---|--------|-----|--|--|
|     | speakers bureaus,   |        |     |  |  |
|     | manuscript writing or educational events                              |        |     |  |  |
| 6   | Payment for expert  | x None |     |  |  |
|     | testimony   |        |     |  |  |
|     |   |        |     |  |  |
| 7   | Support for attending meetings and/or travel                          | _xNone |     |  |  |
|     |   |        |     |  |  |
|     |   |        |     |  |  |
| 8   | Patents planned, issued or  | _xNone |     |  |  |
|     | pending   |        |     |  |  |
| 9   | Participation on a Data   | x None |     |  |  |
|     | Safety Monitoring Board or  |        |     |  |  |
|     | Advisory Board  |        |     |  |  |
| 10  | Leadership or fiduciary role  | _xNone |     |  |  |
|     | in other board, society, committee or advocacy                        |        |     |  |  |
|     | group, paid or unpaid   |        |     |  |  |
| 11  | Stock or stock options  | _xNone |     |  |  |
|     |   |        |     |  |  |
| 12  | Descipt of agricument   | u None |     |  |  |
| 12  | Receipt of equipment,<br>materials, drugs, medical                    | xNone  |     |  |  |
|     | writing, gifts or other   |        |     |  |  |
|     | services  |        |     |  |  |
| 13  | Other financial or non-   | xNone  |     |  |  |
|     | financial interests   |        |     |  |  |
|     |   |        |     |  |  |
|     |   |        |     |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |        |     |  |  |
|     | None  |        |     |  |  |
| - 1 |   |        | - 1 |  |  |

| Date                         | e: July_26 <sup>th</sup> ,_2022   |  |   |
|------------------------------|---|--|---|
|                              |   |  |   |
| Mar                          | nuscript Title:_ Trastuzum  | ab treatment of invasiv  | e breast ductal carcinoma induces severe edema: a ca  |
|                              |   |  |   |
| Mar                          | nuscript number (if known):   | TCR-22-1607  |   |
| relate part to to relate The | ted to the content of your n<br>ies whose interests may be<br>ransparency and does not n<br>tionship/activity/interest, it  | nanuscript. "Related" mea<br>affected by the content o<br>ecessarily indicate a bias.<br>t is preferable that you do | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  ps/activities/interests as they relate to the current |
| to the med                   | ne epidemiology of hyperte<br>lication, even if that medica   | nsion, you should declare intion is not mentioned in the port for the work reported                                  | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,  |
|                              |   | Name all entities with   | Specifications/Comments   |
|                              |   | whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)                                       | (e.g., if payments were made to you or to your institution)   |
|                              |   | Time frame: Since the initia   | al 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. | xNone  |   |
|                              |   | Time frame: pas  | t 36 months   |
| 2                            | Grants or contracts from any entity (if not indicated in item #1 above).  | _xNone   |   |
| 3                            | Royalties or licenses   | _xNone   |   |
| 4                            | Consulting fees   | _xNone   |   |

| 5    | Payment or honoraria for lectures, presentations, | _xNone                         |            |
|------|---|--------------------------------|------------|
|      | speakers bureaus,                                 |                                |            |
|      | manuscript writing or                             |                                |            |
|      | educational events                                |                                |            |
| 6    | Payment for expert                                | _xNone                         |            |
|      | testimony   |                                |            |
|      |   |                                |            |
| 7    | Support for attending meetings and/or travel      | _xNone                         |            |
|      |   |                                |            |
|      |   |                                |            |
| 8    | Patents planned, issued or                        | x_None                         |            |
|      | pending   |                                |            |
| 9    | Participation on a Data                           | y None                         |            |
| 9    | Safety Monitoring Board or                        | _xNone                         |            |
|      | Advisory Board                                    |                                |            |
| 10   | Leadership or fiduciary role                      | _xNone                         |            |
|      | in other board, society,                          |                                |            |
|      | committee or advocacy group, paid or unpaid       |                                |            |
| 11   | Stock or stock options                            | xNone                          |            |
|      |   |                                |            |
| 12   | Descint of anytingent                             | None                           |            |
| 12   | Receipt of equipment, materials, drugs, medical   | _xNone                         |            |
|      | writing, gifts or other                           |                                |            |
|      | services  |                                |            |
| 13   | Other financial or non-                           | _xNone                         |            |
|      | financial interests                               |                                |            |
|      |   |                                |            |
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| FIE  | ase summanize the above co                        | minet of interest in the foll  | Owing DUX. |
| N    | lone  |                                |            |
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|                                      | e: July_26 <sup>th</sup> ,_2022   |  |   |
|--------------------------------------|---|--|---|
| You                                  | r Name:Shuang Qu  |  |   |
| Mar                                  | nuscript Title:_ Trastuzum  | ab treatment of invasive   | e breast ductal carcinoma induces severe edema: a case  |
| rep                                  | ort   |  |   |
| Mar                                  | nuscript number (if known):   | TCR-22-1607  |   |
| rela<br>part<br>to to<br>rela<br>The | ted to the content of your n<br>ies whose interests may be<br>ransparency and does not no<br>tionship/activity/interest, it   | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias. I<br>is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. |
| to the med                           | ne epidemiology of hypertentication, even if that medica  | nsion, you should declare a<br>tion is not mentioned in th<br>port for the work reported                               | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  In this manuscript without time limit. For all other items,                      |
|                                      |   | Name all entities with   | Specifications/Comments   |
|                                      |   | whom you have this   | (e.g., if payments were made to you or to your  |
|                                      |   | relationship or indicate   | institution)  |
|                                      |   | none (add rows as  | ·   |
|                                      |   | needed)  |   |
|                                      |   | Time frame: Since the initia   | l 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. | _xNone   |   |
|                                      |   |  |   |
|                                      |   |  |   |
|                                      |   | Time frame: past   | 36 months   |
| 2                                    | Grants or contracts from any entity (if not indicated   | _xNone   |   |
| 3                                    | in item #1 above).  | y None   |   |
| 3                                    | Royalties or licenses   | _xNone   |   |
|                                      |   |  |   |
| 4                                    | Consulting fees   | x None   |   |

| 5    | Payment or honoraria for lectures, presentations,                     | _xNone |  |  |  |
|------|---|--------|--|--|--|
|      | speakers bureaus,   |        |  |  |  |
|      | manuscript writing or educational events                              |        |  |  |  |
| 6    | Payment for expert  | _xNone |  |  |  |
|      | testimony   |        |  |  |  |
|      |   |        |  |  |  |
| 7    | Support for attending meetings and/or travel                          | _xNone |  |  |  |
|      |   |        |  |  |  |
|      |   |        |  |  |  |
| 8    | Patents planned, issued or  | _xNone |  |  |  |
|      | pending   |        |  |  |  |
|      | D 11 1 1 D 1  |        |  |  |  |
| 9    | Participation on a Data Safety Monitoring Board or                    | _xNone |  |  |  |
|      | Advisory Board  |        |  |  |  |
| 10   | Leadership or fiduciary role  | _xNone |  |  |  |
|      | in other board, society,  |        |  |  |  |
|      | committee or advocacy group, paid or unpaid                           |        |  |  |  |
| 11   | Stock or stock options  | xNone  |  |  |  |
|      |   |        |  |  |  |
| 12   | Receipt of equipment,   | x None |  |  |  |
| 12   | materials, drugs, medical   |        |  |  |  |
|      | writing, gifts or other   |        |  |  |  |
|      | services  |        |  |  |  |
| 13   | Other financial or non-   | _xNone |  |  |  |
|      | financial interests   |        |  |  |  |
|      |   |        |  |  |  |
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| Plea | Please summarize the above conflict of interest in the following box: |        |  |  |  |
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|      |   |        |  |  |  |

| Date                            | e: July_26 <sup>th</sup> ,_2022   |   |   |    |
|---------------------------------|---|---|---|----|
| You                             | Name:Jing Wang  |   |   |    |
| Man                             | uscript Title:_ Trastuzum   | ab treatment of invasive  | e breast ductal carcinoma induces severe edema: a ca  | se |
| repe                            | ort   |   | 1607  |    |
| Man                             | uscript number (if known):  | TCR-22-1  | 1607  |    |
| relat<br>part<br>to tr<br>relat | ted to the content of your name ies whose interests may be ansparency and does not not interest, it   | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias.<br>it is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. |    |
|                                 | uscript only.   |   | 5, 400 110 05, 1110 100 40 1110 10 1110 <u>041.7 0.110</u>  |    |
| to the med                      | ne epidemiology of hypertentication, even if that medica  | nsion, you should declare a<br>tion is not mentioned in th<br>port for the work reported                                | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  In this manuscript without time limit. For all other items,                      |    |
|                                 |   | Name all entities with  | Specifications/Comments   |    |
|                                 |   | whom you have this relationship or indicate   | (e.g., if payments were made to you or to your institution)   |    |
|                                 |   | none (add rows as   | institution,  |    |
|                                 |   | needed)   |   |    |
|                                 |   | Time frame: Since the initia  | 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. | xNone   |   |    |
|                                 |   | Time frame: past  | 36 months   |    |
| 2                               | Grants or contracts from any entity (if not indicated in item #1 above).  | _xNone  |   |    |
| 3                               | Royalties or licenses   | _xNone  |   |    |
| 4                               | Consulting fees   | _xNone  |   |    |

| 5   | Payment or honoraria for                              | _xNone |  |  |  |
|---|---|--------|--|--|--|
|   | lectures, presentations,                              |        |  |  |  |
|   | speakers bureaus,                                     |        |  |  |  |
|   | manuscript writing or                                 |        |  |  |  |
| 6   | educational events Payment for expert                 | x None |  |  |  |
| 0   | testimony   | _xNone |  |  |  |
|   | testimony   |        |  |  |  |
| 7   | Support for attending                                 | x None |  |  |  |
| •   | meetings and/or travel                                |        |  |  |  |
|   | ,   |        |  |  |  |
|   |   |        |  |  |  |
| 8   | Patents planned, issued or                            | _xNone |  |  |  |
|   | pending   |        |  |  |  |
|   |   |        |  |  |  |
| 9   | Participation on a Data                               | _xNone |  |  |  |
|   | Safety Monitoring Board or                            |        |  |  |  |
| 10  | Advisory Board  | No.    |  |  |  |
| 10  | Leadership or fiduciary role in other board, society, | _xNone |  |  |  |
|   | committee or advocacy                                 |        |  |  |  |
|   | group, paid or unpaid                                 |        |  |  |  |
| 11  | Stock or stock options                                | _xNone |  |  |  |
|   |   |        |  |  |  |
|   |   |        |  |  |  |
| 12  | Receipt of equipment,                                 | _xNone |  |  |  |
|   | materials, drugs, medical                             |        |  |  |  |
|   | writing, gifts or other services                      |        |  |  |  |
| 13  | Other financial or non-                               | x None |  |  |  |
| 13  | financial interests                                   | _ANone |  |  |  |
|   | Timanola meelests                                     |        |  |  |  |
|   |   |        |  |  |  |
|   |   |        |  |  |  |
| Please summarize the above conflict of interest in the following box: |   |        |  |  |  |
|   |   |        |  |  |  |
|   | None  |        |  |  |  |
|   |   |        |  |  |  |

| Date                    | e:July_26 <sup>th</sup> ,_2022   |  |   |
|-------------------------|--|--|---|
| You                     | r Name:Jianhua_Hu  |  |   |
| Mar                     | nuscript Title:_ Trastuzum:  | ab treatment of invasiv  | e breast ductal carcinoma induces severe edema: a case  |
|                         |  |  |   |
| Mar                     | nuscript number (if known):  | TCR-22-1607  |   |
| related to trelated The | ted to the content of your maies whose interests may be ransparency and does not not tionship/activity/interest, it following questions apply to | nanuscript. "Related" mea<br>affected by the content of<br>ecessarily indicate a bias.<br>is preferable that you do  | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  os/activities/interests as they relate to the current |
| man                     | nuscript only.   |  |   |
| to the                  | ne epidemiology of hyperter<br>lication, even if that medica   | nsion, you should declare to the state of th | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,  |
|                         |  | Name all entities with   | Specifications/Comments   |
|                         |  | whom you have this   | (e.g., if payments were made to you or to your  |
|                         |  | relationship or indicate   | institution)  |
|                         |  | none (add rows as  |   |
|                         |  | needed)  |   |
|                         |  | Time frame: Since the initia   | al planning of the work   |
| 1                       | All support for the present  | _xNone   |   |
|                         | manuscript (e.g., funding,   |  |   |
|                         | provision of study materials, medical writing, article   |  |   |
|                         | processing charges, etc.)  |  |   |
|                         | No time limit for this item.   |  |   |
|                         |  |  |   |
|                         |  |  |   |
|                         |  | Time frame: past   | t 36 months   |
| 2                       | Grants or contracts from   | xNone  |   |
|                         | any entity (if not indicated   |  |   |
| 2                       | in item #1 above).   | v Nama   |   |
| 3                       | Royalties or licenses  | _xNone   |   |
|                         |  |  |   |
|                         |  |  |   |

| 5    | Payment or honoraria for                     | xNone                               |        |
|------|--|-------------------------------------|--------|
|      | lectures, presentations,                     |                                     |        |
|      | speakers bureaus,                            |                                     |        |
|      | manuscript writing or educational events     |                                     |        |
| 6    | Payment for expert                           | x None                              |        |
|      | testimony                                    |                                     |        |
|      | ,  |                                     |        |
| 7    | Support for attending meetings and/or travel | xNone                               |        |
|      | J ,  |                                     |        |
|      |  |                                     |        |
| 8    | Patents planned, issued or                   | _xNone                              |        |
|      | pending                                      |                                     |        |
| 9    | Participation on a Data                      | x None                              |        |
|      | Safety Monitoring Board or                   | rrone                               |        |
|      | Advisory Board                               |                                     |        |
| 10   | Leadership or fiduciary role                 | _xNone                              |        |
|      | in other board, society,                     |                                     |        |
|      | committee or advocacy group, paid or unpaid  |                                     |        |
| 11   | Stock or stock options                       | xNone                               |        |
|      |  |                                     |        |
| 12   | Receipt of equipment,                        | x None                              |        |
| 12   | materials, drugs, medical                    |                                     |        |
|      | writing, gifts or other                      |                                     |        |
| 13   | services Other financial or non-             | x None                              |        |
| 13   | financial interests                          |                                     |        |
|      |  |                                     |        |
|      |  |                                     |        |
| Plea | ase summarize the above co                   | nflict of interest in the following | y hox. |
|      |  |                                     | ,      |
| N    | lone   |                                     |        |
|      |  |                                     |        |

| Dat                           | e:July_26 <sup>th</sup> ,_2022  |  |  |
|-------------------------------|---|--|--|
|                               | r Name:Shaochang_Jia  |  |  |
|                               |   |  | e breast ductal carcinoma induces severe edema: a case   |
| rep                           | ort   |  | 7  |
| Maı                           | nuscript number (if known):   | TCR-22-1607  |  |
| rela<br>part<br>to to<br>rela | ted to the content of your naties whose interests may be ransparency and does not not interest, it  | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias. I<br>is preferable that you do |  |
|                               | rollowing questions apply to nuscript only.   | o the author's relationship  | s/activities/interests as they relate to the <u>current</u>  |
| to the med                    | he epidemiology of hyperted<br>dication, even if that medica  | nsion, you should declare a<br>tion is not mentioned in th<br>port for the work reported                               | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  In this manuscript without time limit. For all other items, |
|                               |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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. | xNone  |  |
|                               |   | Time frame: past   | 36 months  |
| 2                             | Grants or contracts from any entity (if not indicated in item #1 above).  | _xNone   |  |
| 3                             | Royalties or licenses   | x_None   |  |
| 4                             | Consulting fees   | x None   |  |

|   |   |        |     | _ |  |
|---|---|--------|-----|---|--|
| 5   | Payment or honoraria for  | _xNone |     |   |  |
|   | lectures, presentations,  |        |     |   |  |
|   | speakers bureaus,<br>manuscript writing or                          |        |     |   |  |
|   | educational events  |        |     |   |  |
| 6   | Payment for expert  | _xNone |     |   |  |
|   | testimony   |        |     |   |  |
|   |   |        |     |   |  |
| 7   | Support for attending meetings and/or travel                        | _xNone |     |   |  |
|   |   |        |     |   |  |
|   |   |        |     |   |  |
| 8   | Patents planned, issued or  | _xNone |     |   |  |
|   | pending   |        |     |   |  |
| 9   | Participation on a Data   | x None |     | _ |  |
|   | Safety Monitoring Board or  |        |     |   |  |
|   | Advisory Board  |        |     |   |  |
| 10  | Leadership or fiduciary role  | xNone  |     |   |  |
|   | in other board, society,  |        |     |   |  |
|   | committee or advocacy group, paid or unpaid                         |        |     |   |  |
| 11  | Stock or stock options  | _xNone |     |   |  |
|   |   |        |     |   |  |
| 12  | Descipt of annium and   | Nama   |     |   |  |
| 12  | Receipt of equipment, materials, drugs, medical                     | _xNone |     |   |  |
|   | writing, gifts or other   |        |     |   |  |
|   | services  |        |     |   |  |
| 13  | Other financial or non-   | _xNone |     |   |  |
|   | financial interests   |        |     |   |  |
|   |   |        |     |   |  |
|   |   |        |     |   |  |
| Please summarize the above conflict of interest in the following box: |   |        |     |   |  |
| rie   | ricase summanze the above commict of interest in the following box. |        |     |   |  |
| 1   | None  |        |     |   |  |
| 1   |   |        | I I |   |  |