

## ICMJE DISCLOSURE FORM

Date: 2023/07/09

Your Name: Li Heng

Manuscript Title: Analysis of distant organ metastasis of male breast cancer and its effect on overall survival based on the SEER database

Manuscript number (if known): \_\_\_\_\_

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u> X </u> None	
<b>Time frame: past 36 months</b>			
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	



## ICMJE DISCLOSURE FORM

Date: 2023/07/09

Your Name: Zhang Yong

Manuscript Title: Analysis of distant organ metastasis of male breast cancer and its effect on overall survival based on the SEER database

Manuscript number (if known): \_\_\_\_\_

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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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None
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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: 2023/7/6

Your Name: Mei-Sze Teh

Manuscript Title: Analysis of distant organ metastasis of male breast cancer and its effect on overall survival based on the SEER database

Manuscript number (if known): \_\_\_\_\_

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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None
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## ICMJE DISCLOSURE FORM

Date: 28/06/2023

Your Name: sandhya

limaye

Manuscript Title: Analysis of distant organ metastasis of male breast cancer and its effect on overall survival based on the SEER database

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

None
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**Please place an "X" next to the following statement to indicate your agreement:**

**XI 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:** 06/27/2023

**Your Name:** Francisco Pimentel Cavalcante

**Manuscript Title:** Analysis of distant organ metastasis of male breast cancer and its effect on overall survival based on the SEER database

**Manuscript number (if known):** \_\_\_\_\_

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Astrazeneca	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astrazeneca / Roche / MSD / Pfizer / Libbs	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Roche / MSD / Pfizer	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

**Please summarize the above conflict of interest in the following box:**

Consulting fees: Astrazeneca  
 Advisory Board: Pfizer, Roche, MSD  
 Lectures: Roche, Pfizer, Libbs, MSD, Astrazeneca

**Please place an "X" next to the following statement to indicate your agreement:**

**X 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: 2023/07/09

Your Name: Shen Jiangbo

Manuscript Title: Analysis of distant organ metastasis of male breast cancer and its effect on overall survival based on the SEER database

Manuscript number (if known): \_\_\_\_\_

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