ICMJE DISCLOSURE FORM

Date:28 th , June, 2021
our Name:_Hongyu Xiang
Manuscript Title: Introduction to the key contents of the Chinese Society of Breast Surgery (CSBrS) Practice Guideline 2021
Manuscript number (if known):_ TBCR-21-8

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

5	Payment or honoraria for	<u>√</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√None	
	testimony	<u></u> 1011c	
	,		
7	Support for attending meetings and/or travel	<u>√</u> None	
8	Patents planned, issued or	<u>√</u> None	
	pending		
9	Participation on a Data	<u>√</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>√</u> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<u>√</u> None	
	financial interests		

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

There is no conflict of interest.		

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.

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Date:28th, June, 202	1
Your Name:_Qian Liu	
Manuscript Title: Intro	duction to the key contents of the Chinese Society of Breast Surgery (CSBrS) Practice Guideline 2021
Manuscript number (i	f known):_ TBCR-21-8

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Date:28th, .	une, 2021
Your Name:_	Yinhua Liu
Manuscript T	itle: Introduction to the key contents of the Chinese Society of Breast Surgery (CSBrS) Practice Guideline 2021
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