## ICMJE DISCLOSURE FORM

	MONARCH: Chinese Breast Can	ncer Experts from Participation in to Leading Globa
Clinical Study and Boosting Treatme		
Vlanuscript 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 <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.

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)				
	Time frame: Since the initial planning of the work						
1	All support for the present	_XNone					
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2	Grants or contracts from	_XNone					
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	in item #1 above).						
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4	Consulting fees	_X_None					

_		Y	
5	Payment or honoraria for	_X_None	
	lectures, presentations, speakers bureaus,		
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6 Paymen	Payment for expert	_X_None	
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8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	_A_NOTIE	
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Descipt of any investor	V Niere	
12	Receipt of equipment, materials, drugs, medical	_X_None	
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13	Other financial or non- financial interests	X_None	
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Please place an "X" next to the following statement to indicate your agreement:

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