## ICMJE DISCLOSURE FORM

Date:2022/1/19				
<b>/our Name:X</b> iaojia Wang				
Manuscript Title: Endocrine therapy leads the first- and second-line treatment options for HR-positive advanced				
breast cancer Comments for Monarch plus study				
Manuscript number (if known):TBCR-21-49				

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</u> <u>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				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article processing charges, etc.)					
	No time limit for this item.					
	No time mint for this item.					
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	Time frame: past 36 months					
2	Grants or contracts from	_XNone				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	_XNone				
4	Consulting fees	_X_None				

5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		X None	
Ū	testimony		
7	Support for attending	_X_None	
	meetings and/or travel		
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V. Nana	
10	in other board, society,	_X_None	
	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 services		
13		X_None	

## 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.