## **ICMJE DISCLOSURE FORM**

	te: <u>March 10,202</u>			
	ur Name: <u>Ying Yar</u>			
	anuscript Title: <u>Strategies fo</u> njugates	or the treatment of HER2-p	oositive advanced breast cancer in the rise of antibody dr	ug
Ma	anuscript number (if known	):TBCR-21-45		
rel	ated to the content of your	manuscript. "Related" me	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third	
to		necessarily indicate a bias	of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertai e all relationships with manufacturers of antihypertensiv the manuscript.	
In i		pport for the work report	ed in this manuscript without time limit. For all other ite	:ms,
		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	
	All support for the present	X None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
	The time mine for this item.			
		Time frame: pas	t 36 months	
	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			
	Royalties or licenses	X None		

None

X\_None

Consulting fees

Payment or honoraria for

4

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

## **ICMJE DISCLOSURE FORM**

Dat	na. Maya	h 10 2022			
Dat		h 10,2022			
	ır Name:	Qiao Li	treatment of UEB2		l
		tegies for the	treatment of HER2-	positive advanced breast cancer in the rise of antibody of	irug
	jugates		<b>T</b>	<del>-</del>	
	nuscript number (i		TBCR-21-45		
		•	•	Ill relationships/activities/interests listed below that are	
		-	•	eans any relation with for-profit or not-for-profit third	
-		-	•	of the manuscript. Disclosure represents a commitmen	t
	•		•	s. If you are in doubt about whether to list a	
rela	itionship/activity/i	nterest, it is p	referable that you o	lo so.	
The to t med	he epidemiology o dication, even if th	f hypertensio at medication ort all support closure is the	n, you should declar is not mentioned in for the work report	e defined broadly. For example, if your manuscript pertage all relationships with manufacturers of antihypertension the manuscript.  The din this manuscript without time limit. For all other its specifications/Comments (e.g., if payments were made to you or to your	ve
			tionship or indicate	institution)	
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			·	al planning of the work	
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	manuscript (e.g., fur				
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	medical writing, artic				
	processing charges,				
	No time limit for thi	· .			
	_		Time frame: pa	et 26 months	
	Grants or contracts f	from X	None	5.50 months	
	any entity (if not ind		NUTIE		
	in item #1 above).	icateu			
	Royalties or licenses		None		
	Royalties or licenses	X	None		

None

X\_None

Consulting fees

Payment or honoraria for

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	rectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
U		NOTIC		
	testimony			
7	Support for attending meetings and/or travel	_ <u>X</u> None		
	<u> </u>			
8	Patents planned, issued or	X None		
	pending			
	1			
0	Participation on a Data	X None		
9	Participation on a Data	XNone		
	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	X None		
-1	Stock of Stock options	NONE		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None conflict of interest			
Ple	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

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		nbin Li		
	nnuscript Title: <u>Strategies fo</u> njugates	r the treatment of HER2-p	oositive advanced breast cancer in the rise of antibody drug	3
In rel pa to rel Th ma	anuscript number (if known) the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only. e author's relationships/act the epidemiology of hyperte edication, even if that medic	we ask you to disclose a manuscript. "Related" me affected by the content necessarily indicate a bias it is preferable that you do to the author's relationshivities/interests should be ension, you should declar cation is not mentioned in pport for the work report	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e 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 initi	al planning of the work	
	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		
)	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas X None	at 36 months	
}	Royalties or licenses	XNone		

None

X\_None

Consulting fees

Payment or honoraria for

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	rectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
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	testimony			
7	Support for attending meetings and/or travel	_ <u>X</u> None		
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8	Patents planned, issued or	X None		
	pending			
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0	Participation on a Data	X None		
9	Participation on a Data	XNone		
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