Date:4/15/2022
Your Name:Hua Ding
Manuscript Title:CSCO BC guideline update: adjuvant therapy for TNBC in 2022
Manuscript number (if known): _TBCR-22-13

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>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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.	_ X _None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X _None	
3	Royalties or licenses	X _None	
4	Consulting fees	X_None	

5	Payment or honoraria for	_ X _None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	_ X _None
	testimony	
7	Support for attending meetings and/or travel	_ X _None
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	_ X _None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	_ X _None
12	Receipt of equipment,	_ X _None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	_ X _None
	financial interests	

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

There is no conflict to declare.		

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.

Date:	[4/15/2022]
Your Name:	Li Zhang
Manuscript Title:	CSCO BC guideline update: adjuvant therapy for TNBC in 2022
Manuscript Number (if known):	[TBCR-22-13]

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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	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	[⊠] None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠ None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	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.			

Date:	4/15/2022
Your Name:	Yue Wang
Manuscript Title:	CSCO BC guideline update: adjuvant therapy for TNBC in 2022
Manuscript Number (if known):	TBCR-22-13

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)	
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		
Plea	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.			

Date:_4/15/2022						
Your Name:Shu Liu						
Manuscript Title: CSCO BC guideline update: adjuvant therapy for TNBC in 2022						
Manuscript number (if known):TBCR-22-13						

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	Time frame: past 36 months							
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None						
3	Royalties or licenses	_X_None						
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	educational events		
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7	Support for attending meetings and/or travel	_ X _None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	_ X _None	
	writing, gifts or other services		
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