ICMJE DISCLOSURE FORM

Date	e:2022.7.12				
You	r Name:Rui Ge				
	Manuscript Title: Key points of breast cancer management under public health emergencies				
Mar	nuscript number (if known):				
rela part to ti	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.		
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</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	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	ol planning of the work		
1	All support for the present	X None	in planning of the work		
1	All support for the present manuscript (e.g., funding,	XNOTIE			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				

Time frame: past 36 months

X___None

_X___None

X__None

2

4

Grants or contracts from any entity (if not indicated

in item #1 above).

Royalties or licenses

Consulting fees

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			_
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	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	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
				_
Please summarize the above conflict of interest in the following box:				
١	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:2022.7.12				
Your Name:Jianbin Li				
Manuscript Title:	Key points of breast cancer management under public health emergencies			
Manuscript number (if known):				

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone		
	educational events			
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
	g ,			
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data Safety Monitoring Board or	X_None		
	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		
12	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				
N	No conflict of interest			

Please place an "X" next to the following statement to indicate your agreement:

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Date:2022.7.12				
Your Name: Zefei Jiang				
Manuscript Title:	Key points of breast cancer management under public health emergencies			
Manuscript number (if known):				

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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)
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	
2	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations, speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X_None			
	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			
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:				
Γ.					
'	No conflict of interest				

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