ICMJE DISCLOSURE FORM

Date: 26/09/22	
Your Name: Brund	de Paula
Manuscript Title:	Clinical considerations for Estrogen Receptor-negative/Progesterone Receptor-positive/HER2
negative (ER-PgR+	HER2-) breast cancer
Manuscript number	or (if known): TBCR-22-41

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.

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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.

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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	x None x None	36 months
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	
	meetings and/or traver		
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	
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Please summarize the above conflict of interest in the following box:

None			

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

Date: 25/sep/2022

Your Name: Susanne Crocamo MD, PhD

Manuscript Title: Clinical considerations for Estrogen Receptor-negative/Progesterone Receptor-

positive/HER2-negative (ER-PgR+HER2-) breast cancer

Manuscript number (if known): TBCR-22-41

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	processing charges, etc.)		
	No time limit for this item.		
		- ' (26 1
	_	Time frame: past	36 months
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
2	in item #1 above).	V None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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	_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	_XNone				
	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					
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ICMJE DISCLOSURE FORM

Date: 25/sep/2022 Your Name: Jose Bines

Manuscript Title: Clinical considerations for Estrogen Receptor-negative/Progesterone Receptor-

positive/HER2-negative (ER-PgR+HER2-) breast cancer

Manuscript number (if known): TBCR-22-41

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3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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