

ICMJE DISCLOSURE FORM

Date: 9/4/2023

Your Name: Ting Luo

Manuscript Title: CDK4/6 inhibitors for primary endocrine resistant

Manuscript Number (if known): TBCR-23-27

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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Date: 9/3/2023

Your Name: Kunrui Zhu

Manuscript Title: CDK4/6 inhibitors for primary endocrine resistant

Manuscript Number (if known): TBCR-23-27

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ICMJE DISCLOSURE FORM

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Your Name: Xiaorong Zhong

Manuscript Title: CDK4/6 inhibitors for primary endocrine resistant

Manuscript Number (if known): TBCR-23-27

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Date: 9/4/2023

Your Name: Ping He

Manuscript Title: CDK4/6 inhibitors for primary endocrine resistant

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Your Name: Xi Yan

Manuscript Title: CDK4/6 inhibitors for primary endocrine resistant

Manuscript Number (if known): TBCR-23-27

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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.

ICMJE DISCLOSURE FORM

Date: 9/4/2023

Your Name: Tinglun Tian

Manuscript Title: CDK4/6 inhibitors for primary endocrine resistant

Manuscript Number (if known): TBCR-23-27

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 author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div> | | | | | | |
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| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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