## ICMJE DISCLOSURE FORM

Date:\_\_\_\_\_10/1/23\_\_\_\_\_ Your Name:\_\_\_\_\_Nino Balanchivadze\_

Manuscript Title: \_\_\_\_ Abemaciclib-Based Therapy versus Tucidinostat-Based Therapy in Patients with HR+HER2-MBC After Palbociclib Progression: Insights and Challenges from a Comparative Cohort Study in China

Manuscript number (if known):\_\_\_\_ TBCR-23-45

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</u> <u>manuscript only</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 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.) <b>No time limit for this item.</b>	_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	_XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
	testimony		
7	Support for attending	X None	
ŕ	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	None	Yes, Gilead Advisory Board
	Safety Monitoring Board or		
10	Advisory Board	Y N	
10	Leadership or fiduciary role in other board, society,	XNone	
	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-	XNone	
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## Please summarize the above conflict of interest in the following box:

- I have served on Gilead advisory board

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:\_\_\_\_\_10/4/23\_\_\_\_\_ Your Name: Nicholas Robert

Manuscript Title: \_\_\_\_ Abemaciclib-Based Therapy versus Tucidinostat-Based Therapy in Patients with HR+HER2-MBC After Palbociclib Progression: Insights and Challenges from a Comparative Cohort Study in China

Manuscript number (if known):\_\_\_ TBCR-23-45

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	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	X None	
0	testimony		
	testimony		
7	Support for attending	_XNone	
ŕ	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nana	
10	Leadership or fiduciary role in other board, society,	XNone	
	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-	full-time employee for Ontada	
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## Please summarize the above conflict of interest in the following box:

NR is a full-time employee for Ontada

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