ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Feng

2. Surname (Last Name)  
   Li

3. Date  
   06-June-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Analysis of the treatment patterns and safety of early breast cancer patients during the COVID-19 pandemic

6. Manuscript Identifying Number (if you know it)  
   TBCR-20-29

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Section 1. Identifying Information

1. Given Name (First Name)  
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2. Surname (Last Name)  
   Xu

3. Date  
   08-June-2020

4. Are you the corresponding author?  
   Yes [ ] No [x]

   Corresponding Author’s Name  
   Zefei Jiang

5. Manuscript Title  
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Dr. Xu has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Huiqiang</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Zhang</td>
</tr>
<tr>
<td>3. Date (if you know it)</td>
<td>08-June-2020</td>
</tr>
<tr>
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Corresponding Author's Name: Zefei Jiang

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Jianbin

2. Surname (Last Name)  
Li

3. Date  
08-June-2020

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Zefei Jiang

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<td>Wang</td>
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Zhang
ICMJE Form for Disclosure of Potential Conflicts of Interest

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<thead>
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<th>Given Name (First Name)</th>
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<th>Date</th>
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<tr>
<td>Shaohua</td>
<td>Zhang</td>
<td>08-June-2020</td>
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4. Are you the corresponding author?  
- Yes  
- No  

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6. **Manuscript Identifying Number (if you know it)**  
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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

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<tr>
<td>2. Surname (Last Name)</td>
<td>Bian</td>
</tr>
<tr>
<td>3. Date</td>
<td>08-June-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☐</td>
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**Corresponding Author's Name**

Zefei Jiang

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<tr>
<th>5. Manuscript Title</th>
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Dr. Bian has nothing to disclose.

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   Xiaopeng

2. Surname (Last Name)  
   Hao

3. Date  
   08-June-2020

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   Corresponding Author's Name  
   Zefei Jiang

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   Jiang

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