

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Zefei

2. Surname (Last Name)

Jiang

3. Date

14-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Jiang has nothing to disclose.

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1. Given Name (First Name) ERWEI	2. Surname (Last Name) SONG	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) XIAOJIA	2. Surname (Last Name) WANG	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) YONGMEI	2. Surname (Last Name) YIN	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

QIGNYUAN

2. Surname (Last Name)

ZHANG

3. Date

07-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

ZEFEI JIANG

5. Manuscript Title

Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) JIAYI	2. Surname (Last Name) CHEN	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEIJIANG
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) ZHANHONG	2. Surname (Last Name) CHEN	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIAGN
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. CHEN has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

PEIFEN

2. Surname (Last Name)

FU

3. Date

07-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

ZEFEI JIANG

5. Manuscript Title

Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. FU has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
CUIZHI

2. Surname (Last Name)
GENG

3. Date
07-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
ZEFEI JIANG

5. Manuscript Title
Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer

6. Manuscript Identifying Number (if you know it)
TBCR-20-31

Section 2. The Work Under Consideration for Publication

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Dr. GENG has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) BAOLIANG	2. Surname (Last Name) GUO	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) CHUNFANG	2. Surname (Last Name) HAO	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JAING
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1. Given Name (First Name) YINGJIAN	2. Surname (Last Name) HE	3. Date 07-September-2020
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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

FENG

2. Surname (Last Name)

JIN

3. Date

07-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

ZEFEI JIANG

5. Manuscript Title

Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) NING	2. Surname (Last Name) LIAO	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) NANLIN	2. Surname (Last Name) LI	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) YUNJIANG	2. Surname (Last Name) LIU	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name) YUEPING	2. Surname (Last Name) LIU	3. Date 07-September-2020
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) JIE	2. Surname (Last Name) MA	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
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1. Given Name (First Name) JIANYUN	2. Surname (Last Name) NIE	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
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1. Given Name (First Name)

CHUANGUI

2. Surname (Last Name)

SONG

3. Date

07-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

ZEFEI JIAGN

5. Manuscript Title

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1. Given Name (First Name) TAO	2. Surname (Last Name) SUN	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
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2. Surname (Last Name)

WANG

3. Date

07-September-2020

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Corresponding Author's Name

ZEFEI JIANG

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) BIYUN	2. Surname (Last Name) WANG	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. WANG has nothing to disclose.

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1. Given Name (First Name) SHUSEN	2. Surname (Last Name) WANG	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
YONGSHENG

2. Surname (Last Name)
WANG

3. Date
07-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
ZEFEI JIANG

5. Manuscript Title
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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

Section 1. Identifying Information

1. Given Name (First Name)

LING

2. Surname (Last Name)

XU

3. Date

07-September-2020

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Yes No

Corresponding Author's Name

ZEFEI JIANG

5. Manuscript Title

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YUAN

3. Date

07-September-2020

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Corresponding Author's Name

ZEFEI JIANG

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1. Given Name (First Name) FAN	2. Surname (Last Name) ZHANG	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
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5. Relationships not covered above.

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Section 1. Identifying Information

1. Given Name (First Name)

XUAN

2. Surname (Last Name)

ZENG

3. Date

07-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

ZEFEI JIANG

5. Manuscript Title

Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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1. Given Name (First Name) JIANBIN	2. Surname (Last Name) LI	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
5. Manuscript Title Guidelines of Chinese Society of Clinical Oncology (CSCO) on Diagnosis and Treatment of Breast Cancer		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ZEFEI JIANG
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