ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. **Identifying information.**

2. **The work under consideration for publication.**

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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**Other:** Anything not covered under the previous three boxes

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## Section 1. Identifying Information

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<tr>
<td>Xin</td>
<td>Huang</td>
<td>28-May-2020</td>
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</tbody>
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4. Are you the corresponding author? [ ] Yes [✓] No

**Corresponding Author’s Name**
Qiang Sun

5. **Manuscript Title**
Breast-conserving therapy is safe both within BRCA1/2 mutation carriers and noncarriers with breast cancer in the Chinese population

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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Dr. Huang has nothing to disclose.

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<td>Cai</td>
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   - No  
   ✔ No  

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jia-Qi

2. Surname (Last Name)  
   Liu

3. Date  
   28-May-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author's Name  
   Qiang Sun

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Wen-Wen

2. Surname (Last Name)  
   Hao

3. Date  
   28-May-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

Corresponding Author's Name  
Qiang Sun

5. Manuscript Title  
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Zhou
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yi-Dong
2. Surname (Last Name)  Zhou
3. Date  28-May-2020

4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Qiang Sun

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Xiang

2. Surname (Last Name)  
   Wang

3. Date  
   28-May-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Breast-conserving therapy is safe both within BRCA1/2 mutation carriers and noncarriers with breast cancer in the Chinese population

6. Manuscript Identifying Number (if you know it)  
   GS-20-531

Corresponding Author’s Name  
Qiang Sun

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Are there any relevant conflicts of interest?  
✔ No

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Dr. Wang has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ying  
2. Surname (Last Name)  
   Xu  
3. Date  
   28-May-2020  
4. Are you the corresponding author?  
   Yes ✔ No  
   Corresponding Author's Name  
   Qiang Sun  
5. Manuscript Title  
   Breast-conserving therapy is safe both within BRCA1/2 mutation carriers and noncarriers with breast cancer in the Chinese population  
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Dr. Xu 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)  
   Chang  

2. Surname (Last Name)  
   Chen  

3. Date  
   28-May-2020  

4. Are you the corresponding author?  
   Yes ☐  No ☑  

   Corresponding Author's Name  
   Qiang Sun  

5. Manuscript Title  
   Breast-conserving therapy is safe both within BRCA1/2 mutation carriers and noncarriers with breast cancer in the Chinese population  

6. Manuscript Identifying Number (if you know it)  
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   Yes ☐  No ☑

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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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)  
Yan

2. Surname (Last Name)  
Lin

3. Date  
28-May-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name  
Qiang Sun

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
GS-20-531

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Dr. Lin has nothing to disclose.

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Chang-Jun

2. Surname (Last Name)  
Wang

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28-May-2020

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yu
2. Surname (Last Name)  Song
3. Date  28-May-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Qiang Sun

5. Manuscript Title
Breast-conserving therapy is safe both within BRCA1/2 mutation carriers and noncarriers with breast cancer in the Chinese population

6. Manuscript Identifying Number (if you know it)  GS-20-531

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?  ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ No
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Song has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant:** A grant from an entity, generally (but not always) paid to your organization
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Section 1. Identifying Information

1. Given Name (First Name)  Qiang
2. Surname (Last Name)  Sun
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