ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)** Jing
2. **Surname (Last Name)** Xiang
3. **Date** 28-June-2020
4. Are you the corresponding author?  
   - [ ] Yes  
   - [X] No  
   
   **Corresponding Author’s Name** Youlin Tuo, Yun Wang

5. **Manuscript Title**  
   Effect of breast-conserving surgery combined with sentinel lymph node biopsy and axillary preservation on the recurrence, metastasis, complications and cosmetic results of early breast cancer patients

6. **Manuscript Identifying Number (if you know it)**

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- [X] No

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Dr. Xiang has nothing to disclose.

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1. Given Name (First Name)  
   Shiqin  
2. Surname (Last Name)  
   Huang  
3. Date  
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Dr. Huang has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Youlin</td>
<td>Tuo</td>
<td>28-June-2020</td>
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</tbody>
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   Yun

2. Surname (Last Name)  
   Wang

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