ICMJE DISCLOSURE FORM

Date: 2021-4-25  
Your Name: Wenjuan Wang  
Manuscript Title: Review on the interaction between genes and the treatment of hypertension and breast cancer  
Manuscript number (if known): ______________________________________________________________________________________

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 current manuscript only.

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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) | 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.) **No time limit for this item.** | None                                                                             |

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 1 |   |   |
| 2 |   |   |
| 3 |   |   |
| 4 |   |   |

**Time frame: past 36 months**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Conflict of Interest                                           | None |
|---|----------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations,             |      |
|   | speakers bureaus, manuscript writing or educational events    |      |
| 6 | Payment for expert testimony                                  | None |
| 7 | Support for attending meetings and/or travel                  | None |
| 8 | Patents planned, issued or pending                            | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10| Leadership or fiduciary role in other board, society,         | None |
|   | committee or advocacy group, paid or unpaid                    |      |
| 11| Stock or stock options                                       | None |
| 12| Receipt of equipment, materials, drugs, medical writing,      | None |
|   | gifts or other services                                       |      |
| 13| Other financial or non-financial interests                    | None |

Please summarize the above conflict of interest in the following box:

The author have no conflicts of interest to declare.

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: 2021-4-25
Your Name: Qingjian He
Manuscript Title: Review on the interaction between genes and the treatment of hypertension and breast cancer
Manuscript number (if known): ____________________________________________________________

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__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date: 2021-4-25  
Your Name: Haodong Zhang  
Manuscript Title: Review on the interaction between genes and the treatment of hypertension and breast cancer  
Manuscript number (if known): ____________________________________________________________

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|   | **No time limit for this item.**                                                                                                                                                        |                                                                                                                                        |
|   | Time frame: past 36 months                                                                                                                                                              |                                                                                                                                        |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                                                 | None                                                                                                                                 |
| 3 | Royalties or licenses                                                                                                                                                                     | None                                                                                                                                 |
| 4 | Consulting fees                                                                                                                                                                          | None                                                                                                                                 |
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Date: 2021-4-25  
Your Name: Chenchen Zhuang  
Manuscript Title: Review on the interaction between genes and the treatment of hypertension and breast cancer  
Manuscript number (if known): ________________________________________________________________

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Conflict of Interest                                                                 | Response |
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Date: 2021-4-25
Your Name: Qiongying Wang
Manuscript Title: Review on the interaction between genes and the treatment of hypertension and breast cancer
Manuscript number (if known): 

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Time frame: Since the initial planning of the work

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|---|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                                                                                        | None                                                                                                                                    |
| 4 | Consulting fees                                                          | None                                                                                                                                    |
|   |                                                                 | None |
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Date: 2021-4-25  
Your Name: Caie Li  
Manuscript Title: Review on the interaction between genes and the treatment of hypertension and breast cancer  
Manuscript number (if known): 

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|   | Description                                                                 | None |
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**Date:** 2021-4-25  
**Your Name:** Runmin Sun  
**Manuscript Title:** Review on the interaction between genes and the treatment of hypertension and breast cancer  
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| 3 | Royalties or licenses                                                                           | None                                                                             |
| 4 | Consulting fees                                                                                 | None                                                                             |
|   |   |   |
|---|---|---|
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__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date: 2021-4-25  
Your Name: Xin Fan  
Manuscript Title: Review on the interaction between genes and the treatment of hypertension and breast cancer  
Manuscript number (if known): _________________________________

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Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Response |
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Date: 2021-4-25
Your Name: Jing Yu
Manuscript Title: Review on the interaction between genes and the treatment of hypertension and breast cancer
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| 3 | Royalties or licenses                                                                                                                                                                                                                                           | None                                                                                                                                                                                                 |
| 4 | Consulting fees                                                                                                                                                                                                                                                | None                                                                                                                                                                                                 |
|   | Conflict Description                                                                 | Answer |
|---|--------------------------------------------------------------------------------------|--------|
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| 6 | Payment for expert testimony                                                          | None   |
| 7 | Support for attending meetings and/or travel                                          | None   |
| 8 | Patents planned, issued or pending                                                    | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                      | None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
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