ICMJE DISCLOSURE FORM

Date: 2021-8-2
Your Name: Yuanxing Fan
Manuscript Title: Clinicopathological characteristics and prognostic risk factors of breast cancer patients with bone metastasis
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.

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|   | **Time frame: Since the initial planning of the work**                                        |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | None |
| 3 | Royalties or licenses                                                                         | None |
| 4 | Consulting fees                                                                               | None |
|   | **Time frame: past 36 months**                                                                |                                                                                     |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
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|   | 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, committee or advocacy | None     |
|   | group, paid or unpaid                                                       |          |
| 11| Stock or stock options                                                       | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | None     |
|   | services                                                                     |          |
| 13| Other financial or non-financial interests                                  | 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.
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Date: 2021.8.2
Your Name: Yunfei Lin
Manuscript Title: Clinicopathological characteristics and prognostic risk factors of breast cancer patients with bone metastasis
Manuscript number (if known): 

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|   |                                                                                         |                                                                                  |

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

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**Time frame: past 36 months**

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3. Royalties or licenses
   - **None**

4. Consulting fees
   - **None**
|   |                                                                                           |   |
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| 11| Stock or stock options                                                                     | ✓ None |
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| 13| Other financial or non-financial interests                                                 | ✓ None |

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Date: 2021-8-2
Your Name: Chuan Mi
Manuscript Title: Clinicopathological characteristics and prognostic risk factors of breast cancer patients with bone metastasis
Manuscript number (if known): 

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Time frame: Past 36 months
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