ICMJE DISCLOSURE FORM

Date: 2021.9.26  
Your Name: Yan-Ling Zhang  
Manuscript Title: A narrative review of research progress on FoxM1 in breast cancer carcinogenesis and therapeutics  
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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**No time limit for this item.** | None |
| **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 |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|----------------------------------------------------------------------------------------------------------|------|
|   | Payment for expert testimony                                                                               | None |
|   | Support for attending meetings and/or travel                                                               | None |
|   | Patents planned, issued or pending                                                                          | None |
|   | Participation on a Data Safety Monitoring Board or Advisory Board                                          | None |
|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid          | None |
|   | Stock or stock options                                                                                     | None |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services                           | None |
|   | Other financial or non-financial interests                                                                  | None |

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Please place an “X” next to the following statement to indicate your agreement:

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Date: 2021.9.26  
Your Name: You-Qin Zeng  
Manuscript Title: A narrative review of research progress on FoxM1 in breast cancer carcinogenesis and therapeutics

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Date: 2021.9.26
Your Name: Yan Liu
Manuscript Title: A narrative review of research progress on FoxM1 in breast cancer carcinogenesis and therapeutics
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Your Name: En-Ping He  
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Date: 2021.9.26
Your Name: Feng-Ling Qiao
Manuscript Title: A narrative review of research progress on FoxM1 in breast cancer carcinogenesis and therapeutics
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Date: 2021.9.26
Your Name: Rong Yu
Manuscript Title: A narrative review of research progress on FoxM1 in breast cancer carcinogenesis and therapeutics
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Date: 2021.9.26
Your Name: Ying-Shuang Wang
Manuscript Title: A narrative review of research progress on FoxM1 in breast cancer carcinogenesis and therapeutics

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Date: 2021.9.26
Your Name: Xin-Yu Wu
Manuscript Title: A narrative review of research progress on FoxM1 in breast cancer carcinogenesis and therapeutics
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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         |
|11 | Stock or stock options                                                                  | None         |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services       | None         |
|13 | Other financial or non-financial interests                                              | None         |

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

The author has no conflict 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.