ICMIE	DISCL	OSURE	FORM

TBCR - 24-26

Date: 20 /05 / 2024	,
Your Name: Anam Mumbez	
Manuscript Title: Breast Cancer in Palgnancy: A Comprehensive	Review of
Manuscript number (It known): Diagnosis, Management and Outcor	nes,

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activitles/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entitles 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)
		Time frame: Since the initia	al planning of the work
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	N. S. Months
3	Royalties or licenses	None	
4	Consulting fees	None	

3	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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:

No	conflict	of interest	

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

Y 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: 4/06	12024		,					
Your Name:		NOOY	oley.	0		0 0 0 0		- P
Manuscript Title:	Breast	Cano		Pregrana				Keview
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		Time frame: pas	t 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	

5	Payment or honoraria for	None	A PARTIE AND A PAR
	lectures, presentations, speakers bureaus, manuscript writing or educational events	X	
6	Payment for expert	None	
	testimony	X	
7	Support for attending meetings and/or travel	None	
		X	
8	Patents planned, issued or	None	
Ĭ	pending	X	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board	X	
10	Leadership or fiduciary role	None	
	in other board, society,	X	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services	X	
13	Other financial or non-	None	
	financial interests	V .	
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	educational events		
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	financial interests	X	

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