

ICMJE DISCLOSURE FORM

Date: May 29th, 2021

Your Name: Fang Chen

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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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ICMJE DISCLOSURE FORM

Date: May 29th, 2021

Your Name: Hao Yu

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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ICMJE DISCLOSURE FORM

Date: May 29th, 2021

Your Name: Hong Zhang

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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ICMJE DISCLOSURE FORM

Date: May 29th, 2021

Your Name: Ya-Qing Nong

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

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ICMJE DISCLOSURE FORM

Date: May 29th, 2021

Your Name: Qian Wang

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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ICMJE DISCLOSURE FORM

Date: May 29th, 2021

Your Name: Hai-Man Jing

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

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Date: May 29th, 2021

Your Name: Ying Han

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

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Date: May 29th, 2021

Your Name: Jun-Jie Wu

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

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Date: May 29th, 2021

Your Name: Zheng Zhou

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

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Date: May 29th, 2021

Your Name: Li Yang

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

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Date: May 29th, 2021

Your Name: Zhi-Yuan Xu

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

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ICMJE DISCLOSURE FORM

Date: May 29th, 2021

Your Name: Ya-Ya Liu

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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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Date: May 29th, 2021

Your Name: Pingfu Fu

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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ICMJE DISCLOSURE FORM

Date: May 29th, 2021

Your Name: Jian-Yue Jin

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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Date: May 29th, 2021

Your Name: Victor Hsue

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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Date: May 29th, 2021

Your Name: Amy Chang

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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Date: May 29th, 2021

Your Name: Feng-Ming (Spring) Kong

Manuscript Title: Risk factors for radiation induced lymphopenia in patients with breast cancer receiving adjuvant radiotherapy

Manuscript number (if known): ATM-21-2150-R1

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