ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jin

2. Surname (Last Name)  
   Xu

3. Date  
   16-July-2020

4. Are you the corresponding author?  
   Yes □  No X

5. Manuscript Title
   Narrative Review of Wang Yutang's clinical experience in the treatment of breast cancer with liver depression and spleen deficiency and liver kidney yin deficiency

6. Manuscript Identifying Number (if you know it)
   LCM-2020-TCM-05(LCM-20-17)

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Are there any relevant conflicts of interest?  
   Yes □  No X

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Xu has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Wenshuo
2. Surname (Last Name)  Zhao
3. Date  16-July-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Narrative Review of Wang Yutang’s clinical experience in the treatment of breast cancer with liver depression and spleen deficiency and liver kidney yin deficiency
6. Manuscript Identifying Number (if you know it)
LCM-2020-TCM-05(LCM-20-17)

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ No
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Dr. Zhao has nothing to disclose.

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Section 1. Identifying Information
1. Given Name (First Name)  Zhong
2. Surname (Last Name)  Yang
3. Date  16-July-2020
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
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Dr. Yang has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Shiyi

2. Surname (Last Name)  
   Liu

3. Date  
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4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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