

## ICMJE DISCLOSURE FORM

Date: March 7<sup>th</sup>, 2021 \_\_\_\_\_

Your Name: Mohammad Torabi

Manuscript Title: \_\_\_\_\_ Bowen's Disease of the Nipple: A Case Report \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ ABS-20-154-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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities 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)
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	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:**

**X 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: 3/7/2021  
 Your Name: Chibueze Onyemkpa  
 Manuscript Title: Bowen's Disease of the Nipple: A Case Report  
 Manuscript number (if known): ABS-20-154-R1

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## ICMJE DISCLOSURE FORM

Date: 3/7/21  
Your Name: Sad and Samat  
Manuscript Title: Bowen's Disease of the Nipple: A Case Report  
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**No time limit for this item.**

### Time frame: past 36 months

- 2 Grants or contracts from any entity (if not indicated in item #1 above).

- 3 Royalties or licenses

4 Consulting fees  None

5 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

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## ICMJE DISCLOSURE FORM

Date: 3/7/2021  
 Your Name: Yaohong Tan  
 Manuscript Title: Bowen's Disease of the Nipple: A Case Report  
 Manuscript number (if known): ABS-20-154-R1

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Date: 3/7/2021  
 Your Name: Tahereh Soleimani  
 Manuscript Title: Bowen's Disease of the Nipple: A Case Report  
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 Manuscript Title: Bowen's Disease of the Nipple: A Case Report  
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Date: 03/06/2021  
 Your Name: Harvey L Bumpers  
 Manuscript Title: Bowen's Disease of the Nipple: A Case Report  
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