Date:	2023-06	5-14		
Your	Name:	Zhaoyun Zhong		
Manu	script Title:	Percutaneous microw	vave ablation comb	ined with endocrine therapy versus standard therapy for
<u>elder</u>	ly patients v	vith HR-positive and H	ER2-negative invas	ive breast cancer: a propensity score-matched analysis of a
<u>multi</u>	-center, pro	spective cohort study		
Manu	script numb	per (if known):	GS-23-33-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.

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/activities/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 entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
2	Grants or contracts from any entity (if not indicated	Time frame: past XNone	36 months
3	in item #1 above). Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06	-14	
Your	Name: <u> </u>	Lijun Ling	
Manu	uscript Title: <u> </u>	Percutaneous microwave ablation combined with endocrine therapy versus standard t	therapy for
<u>elder</u>	ly patients w	ith HR-positive and HER2-negative invasive breast cancer: a propensity score-matched	analysis of a
<u>multi</u>	-center, pros	pective cohort study	
Manu	script numb	er (if known): GS-23-33-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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
2	Grants or contracts from any entity (if not indicated	Time frame: past XNone	36 months
3	in item #1 above). Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06	5-14		
Your	Name:	Jing Tao		
Manu	script Title:	Percutaneous mic	rowave ablation com	bined with endocrine therapy versus standard therapy for
<u>elderl</u>	ly patients w	vith HR-positive an	d HER2-negative inva	sive breast cancer: a propensity score-matched analysis of a
<u>multi</u>	-center, pro:	spective cohort stu	yby	
Manu	script numb	oer (if known):	GS-23-33-R1	

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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/activities/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 entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
2	Grants or contracts from any entity (if not indicated	Time frame: past XNone	36 months
3	in item #1 above). Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06	j-14		
Your	Name:	Weiwei Xu		
Manu	script Title:	Percutaneous mic	rowave ablation combin	ed with endocrine therapy versus standard therapy for
<u>elder</u>	ly patients w	<u>ith HR-positive an</u>	d HER2-negative invasiv	e breast cancer: a propensity score-matched analysis of a
<u>multi</u>	-center, pro:	spective cohort stu	ıdy	
Manu	script numb	er (if known):	GS-23-33-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.

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/activities/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 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)
		Time frame: Since the initial	
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06	5-14		
Your	Name:	Xiaoan Liu		
Manu	script Title:	Percutaneous micr	owave ablation comb	<u>ined with endocrine therapy versus standard therapy for</u>
<u>elder</u>	ly patients v	vith HR-positive and	HER2-negative inva	sive breast cancer: a propensity score-matched analysis of a
<u>multi</u>	-center, pro	spective cohort stu	dy	
Manu	script numb	oer (if known):	GS-23-33-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.

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/activities/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 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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-0	-14	1
Your	Name:	Chao Qian	
Manu	script Title:	Percutaneous microwave ablation combined with endocrine therapy versus standard therapy f	or
<u>elder</u>	ly patients v	ith HR-positive and HER2-negative invasive breast cancer: a propensity score-matched analysis	of a
<u>multi</u>	-center, pro	pective cohort study	
Manu	iscript numł	er (if known): GS-23-33-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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
2	Grants or contracts from any entity (if not indicated	Time frame: past XNone	36 months
3	in item #1 above). Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06	5-14		
Your	Name:	Siqi Wang		
Manu	script Title:	Percutaneous mic	rowave ablation comb	ned with endocrine therapy versus standard therapy for
<u>elder</u>	ly patients v	<u>ith HR-positive an</u>	d HER2-negative invas	ve breast cancer: a propensity score-matched analysis of a
<u>multi</u>	-center, pro	spective cohort stu	dy	
Manu	script numb	per (if known):	GS-23-33-R1	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
2	Grants or contracts from any entity (if not indicated	Time frame: past XNone	36 months
3	in item #1 above). Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None          X_None          X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06	-14		
Your	Name:	Jing Deng		
Manu	script Title:	Percutaneous mici	rowave ablation com	bined with endocrine therapy versus standard therapy for
<u>elder</u>	ly patients w	ith HR-positive an	d HER2-negative inva	sive breast cancer: a propensity score-matched analysis of a
<u>multi</u>	-center, pros	spective cohort stu	dy	
Manu	script numb	er (if known):	GS-23-33-R1	

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		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)
		Time frame: Since the initial	
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None          X_None          X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06	j-14		
Your	Name:	Shui Wang		
Manu	script Title:	Percutaneous mic	rowave ablation comb	ined with endocrine therapy versus standard therapy for
<u>elder</u>	ly patients w	<u>ith HR-positive an</u>	d HER2-negative invas	ive breast cancer: a propensity score-matched analysis of a
<u>multi</u>	-center, pro:	spective cohort stu	dy	
Manu	iscript numb	er (if known):	GS-23-33-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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastX_None X None	36 months
4	Consulting fees	X None	
т 			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None          X_None          X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06	06-14	
Your	Name:	Wenbin Zhou	
Manu	script Title:	e: Percutaneous microwave ablation combined with endocrine therapy	versus standard therapy for
<u>elder</u>	ly patients w	with HR-positive and HER2-negative invasive breast cancer: a propension	ty score-matched analysis of a
<u>multi</u>	-center, pros	ospective cohort study	
Manu	iscript numb	nber (if known): GS-23-33-R1	

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		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None          X_None          X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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

Date:	2023-06-2	.4
Your	Name: <u>H</u>	ong Pan
Manu	uscript Title: <u>P</u>	ercutaneous microwave ablation combined with endocrine therapy versus standard therapy for
<u>elder</u>	ly patients wit	h HR-positive and HER2-negative invasive breast cancer: a propensity score-matched analysis of a
<u>multi</u>	-center, prosp	ective cohort study
Manu	uscript numbe	r (if known): GS-23-33-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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		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)
		Time frame: Since the initial	
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None          X_None          X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

No conflict of interest to declare.

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