Date:___18/06/2022_____

You	r Name:Xiangling_Wan	g		
Mar	nuscript Title:_ Efficacy an	d safety of apatinib in	advanced refractory soft tissue sarcoma and associ	ciation
wit	h histologic subtypes: a n	nulticenter, open-label,	single-arm phase II trial	
Mar	nuscript number (if known):	_ ATM-22-3250		
In th	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	
rela	ted to the content of your m	nanuscript. "Related" mea	ans any relation with for-profit or not-for-profit third	
part	ies whose interests may be	affected by the content o	f the manuscript. Disclosure represents a commitment	
to t	ransparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a	
rela	tionship/activity/interest, it	is preferable that you do	so.	
The	following questions apply to	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
mar	nuscript only.			
The	author's relationships/activ	vities/interests should be	<u>defined broadly</u> . For example, if your manuscript pertai	ns
to t	he epidemiology of hyperte	nsion, you should declare	all relationships with manufacturers of antihypertensiv	'e
med	lication, even if that medica	tion is not mentioned in t	he manuscript.	
	· · ·	-	d in this manuscript without time limit. For all other ite	ms,
the	time frame for disclosure is	the past 36 months.		
		Nicona di contata contata	Constitution (Comments	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as	institution)	
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	None	,	
-	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	None		

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

Date	e:18/06/2022		
Your	· Name:Jian Wang		
Man	uscript Title:_ Efficacy an	d safety of apatinib in a	dvanced refractory soft tissue sarcoma and association
with	n histologic subtypes: a m	ulticenter, open-label,	single-arm phase II trial
Man	uscript number (if known):	_ ATM-22-3250	
relate partito to trelate The man The to the med	ted to the content of your maies whose interests may be ansparency and does not not ionship/activity/interest, it following questions apply to uscript only. author's relationships/activite epidemiology of hyperterication, even if that medica	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do the author's relationship ities/interests should be on the sion, you should declare a tion is not mentioned in the	os/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initia	l 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	
		Time frame: past	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		
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	None		_
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			_
9	Participation on a Data	None		
9	Safety Monitoring Board or	None		
	Advisory Board			_
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Descipt of annium and	Nama		
12	Receipt of equipment, materials, drugs, medical	None		_
	writing, gifts or other			_
	services			
13	Other financial or non-	None		
	financial interests			
Plea	se summarize the above co	nflict of interest in the foll	owing box:	
N	one.			

Date	:18/06/2022		
	Name:Baoyong Sun		
Man	uscript Title:_ Efficacy an	d safety of apatinib in a	dvanced refractory soft tissue sarcoma and association
	_ · · · · · ·		single-arm phase II trial
Man	uscript number (if known):	_ ATM-22-3250	
relat parti to transled The to man The a to the	ted to the content of your management of your manag	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be <u>donsion</u> , you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup ime frame for disclosure is	-	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initial	Inlanning of the work
1	All support for the present	None	planning of the work
1	manuscript (e.g., funding,	None	
	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	None	
	any entity (if not indicated		
2	in item #1 above).	Nene	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Date	e:18/06/2022		
You	r Name:Yuping Sun		
Man	uscript Title:_ Efficacy an	d safety of apatinib in	advanced refractory soft tissue sarcoma and association
with	n histologic subtypes: a n	nulticenter, open-label,	single-arm phase II trial
Man	uscript number (if known):	_ ATM-22-3250	
relate part to trelate The man The to the med	ted to the content of your nies whose interests may be cansparency and does not notionship/activity/interest, it following questions apply touscript only. author's relationships/activity e epidemiology of hypertelication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationshit vities/interests should be nsion, you should declare ation is not mentioned in the	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initi	al planning of the work
1	All support for the present	None	a. premining of the front
_	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		T:	at 26 manths
2	Grants or contracts from	Time frame: pas	st 56 months
_	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Date:___18/06/2022_____

You	r Name:Ning Liu			
Ma	nuscript Title:_ Efficacy an	d safety of apatinib in	advanced refractory soft tissue sarcoma and asso	ciation
wit	h histologic subtypes: a n	nulticenter, open-label,	, single-arm phase II trial	
	nuscript number (if known):		8 1	
In t	he interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	!
rela	ted to the content of your n	nanuscript. "Related" mea	ans any relation with for-profit or not-for-profit third	
par	ties whose interests may be	affected by the content of	of the manuscript. Disclosure represents a commitment	t
-	-	-	If you are in doubt about whether to list a	
	tionship/activity/interest, it	-		
	., .,			
The	following questions apply to	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
maı	nuscript only.			
The	author's relationships/activ	vities/interests should be	defined broadly. For example, if your manuscript perta	ins
to t	he epidemiology of hyperte	nsion, you should declare	all relationships with manufacturers of antihypertensi	ve
me	dication, even if that medica	ition is not mentioned in t	the manuscript.	
In it	em #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all other it	ems,
the	time frame for disclosure is	the past 36 months.		
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		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)	al ulangina af Aha wank	
_	Lau	Time frame: Since the initi	al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.) No time limit for this item.			
	No time limit for this item.			
		Time frame, no	at 26 months	
2	Grants or contracts from	Time frame: pas	at 56 months	
_	any entity (if not indicated	INUITE	+	-
	in item #1 above).			
3	Royalties or licenses	None		-
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4	Consulting fees	None		

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

Date	e:18/06/2022		
Your	· Name:Xuecai Niu		
Man	uscript Title:_ Efficacy an	d safety of apatinib in a	advanced refractory soft tissue sarcoma and association
with	histologic subtypes: a m	nulticenter, open-label,	single-arm phase II trial
Man	uscript number (if known):	_ ATM-22-3250	
relate partito to trivelate The man The to the med	ted to the content of your maies whose interests may be ansparency and does not notionship/activity/interest, it following questions apply to uscript only. author's relationships/activite epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do the author's relationship rities/interests should be go nsion, you should declare tion is not mentioned in t	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	ine frame for disclosure is	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		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	
		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 lectures, presentations, speakers bureaus, manuscript writing or	None			
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12		A.			
12	Receipt of equipment, materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
	Please summarize the above conflict of interest in the following box: None.				

Date:___18/06/2022_____

You	r Name:Chunhua Li			_
Maı	nuscript Title:_ Efficacy an	d safety of apatinib in	advanced refractory soft tissue sarcoma and asso	ciation
wit	h histologic subtypes: a n	nulticenter, open-label,	single-arm phase II trial	
	nuscript number (if known):		8 1 	
In t	he interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	
rela	ted to the content of your n	nanuscript. "Related" mea	ans any relation with for-profit or not-for-profit third	
part	ties whose interests may be	affected by the content of	of the manuscript. Disclosure represents a commitment	
to t	ransparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a	
	tionship/activity/interest, it	-		
The	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
mar	nuscript only.			
			<u>defined broadly</u> . For example, if your manuscript perta	
			all relationships with manufacturers of antihypertensive	/e
med	dication, even if that medica	ition is not mentioned in t	the manuscript.	
In it	em #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all other ite	ems,
the	time frame for disclosure is	the past 36 months.		
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		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed) Time frame: Since the initi	al planning of the work	
1	All some set for the second		al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
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		Time frame: pas	t 36 months	
2	Grants or contracts from	None	t 30 months	
-	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
J	no fairies of ficefises			
4	Consulting fees	None		

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

Date	e:18/06/2022		
You	· Name:Li Li		
Man	uscript Title:_ Efficacy an	d safety of apatinib in a	advanced refractory soft tissue sarcoma and association
with	n histologic subtypes: a n	nulticenter, open-label,	single-arm phase II trial
Man	uscript number (if known):	_ ATM-22-3250	
relate part to trelate The man The to the med	ted to the content of your miles whose interests may be ansparency and does not notionship/activity/interest, it following questions apply to uscript only. author's relationships/activite epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship wities/interests should be go nsion, you should declare tion is not mentioned in t	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		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	
		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 lectures, presentations, speakers bureaus, manuscript writing or	None		
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
42		A.		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
	Please summarize the above conflict of interest in the following box:			

Date	e:18/06/2022		
You	Name:Qiang Zhang		
Man	uscript Title:_ Efficacy an	d safety of apatinib in	advanced refractory soft tissue sarcoma and association
with	n histologic subtypes: a n	nulticenter, open-label,	single-arm phase II trial
Man	uscript number (if known):	_ ATM-22-3250	
relate part to trelate The man The to the med	ted to the content of your miles whose interests may be ansparency and does not notionship/activity/interest, it following questions apply to uscript only. author's relationships/activite epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship wities/interests should be nsion, you should declare tion is not mentioned in the	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 initia	al planning of the work
1	All support for the present	None	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

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

Date	e:18/06/2022		
You	r Name:Jing Hao		
Man	uscript Title:_ Efficacy an	d safety of apatinib in	advanced refractory soft tissue sarcoma and association
with	n histologic subtypes: a n	nulticenter, open-label,	single-arm phase II trial
Man	uscript number (if known):	_ ATM-22-3250	
relate part to trelate The man The to the med	ted to the content of your nies whose interests may be cansparency and does not notionship/activity/interest, it following questions apply touscript only. author's relationships/activity e epidemiology of hypertelication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationshit wities/interests should be nsion, you should declare ation is not mentioned in the	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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	al planning of the work
1	All support for the present	None	
-	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

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

Date:___18/06/2022_____

Consulting fees

None

You	r Name:Xiuwen Wang_			
Maı	nuscript Title:_ Efficacy an	d safety of apatinib in	advanced refractory soft tissue sarcoma and associati	on
wit	h histologic subtypes: a n	nulticenter, open-label,	single-arm phase II trial	
	nuscript number (if known):	· •		
In t	he interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	
rela	ted to the content of your n	nanuscript. "Related" mea	ans any relation with for-profit or not-for-profit third	
part	ties whose interests may be	affected by the content of	of the manuscript. Disclosure represents a commitment	
-	-		If you are in doubt about whether to list a	
	tionship/activity/interest, it		-	
	,,	,		
The	following questions apply to	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
	nuscript only.		· · · · · · · · · · · · · · · · · · ·	
				
The	author's relationships/activ	vities/interests should be	defined broadly. For example, if your manuscript pertains	
			all relationships with manufacturers of antihypertensive	
	dication, even if that medica	· ·	•	
In it	em #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all other items,	
	time frame for disclosure is	-	, and an	
	time frame for disclosure is	the past 50 months.		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initi	al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	at 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		

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