Date:August 16, 2022
Your Name:Haiying Ding
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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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)
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2	Grants or contracts from	Time frame: past	36 months
	any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations,	None	
	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		
0	Dantisiustiau au a Data		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options		
11	Stock of Stock Options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-		
13	financial interests	None	
	iniancial interests		

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

Date:August 16, 2022
Your Name: Yu Song
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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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	

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

Date:August 16, 2022			
Your Name: Nan Wu			
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:			
a multicenter randomized controlled trial			
Manuscript number (if known): ATM-22-4091			

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	⊠None	

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

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

Date:August 16, 2022
Your Name: Xiaowei Zheng
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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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	

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

Date:August 16, 2022
Your Name:Qing Wei
Manuscript Title:Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	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	

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

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

Date:August 16, 2022
Your Name: Yancai Sun
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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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 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	

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

Date:August 16, 2022
Your Name: Ruixiang Xie
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	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	

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

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

Date:August 16, 2022
Your Name:Qing Zhai
Manuscript Title:Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
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Manuscript number (if known): ATM-22-4091

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О	testimony	None	
	testimony		
7	Comment for a three direct		
/	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	⊠None	
	pending		
9	Participation on a Data		
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role		
10	in other board, society,	⊠ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	⊠None	
12	Receipt of equipment, materials, drugs, medical	⊠None	
	writing, gifts or other		
	services		
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Please place an "X" next to the following statement to indicate your agreement:

Date:August 16, 2022
Your Name:Silu Xu
Manuscript Title:Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
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Manuscript number (if known): ATM-22-4091

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6	educational events Payment for expert		
О	testimony	None	
	testimony		
7	Comment for a three direct		
/	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	⊠None	
	pending		
9	Participation on a Data		
9	Safety Monitoring Board or	None	
	Advisory Board		
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	⊠None	
12	Receipt of equipment, materials, drugs, medical	⊠None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:August 16, 2022
Your Name:Yajun Qi
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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О	testimony	None	
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	pending		
9	Participation on a Data		
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role		
10	in other board, society,	⊠ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	⊠None	
12	Receipt of equipment, materials, drugs, medical	⊠None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:	August 16, 2022
Your Na	me:Yinghong Wang
Manusc	ript Title:Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
	a multicenter randomized controlled trial
Manusc	ript number (if known): ATM-22-4091

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4	Consulting fees	⊠None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony		
	,		
7	Support for attending	None	
,	meetings and/or travel	[⊠ Inone	
	,		
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data 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	Receipt of equipment,	⊠None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-		
13	financial interests	None	
	manda meereses		

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

Date:August 16, 2022
Your Name:Hui Li
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pair
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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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)
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.	Time frame: Since the initial None This work was supported by Mundipharma (China) Pharmaceutical	Payments were made to Zhejiang Cancer Hospital. Mundipharma (China) Pharmaceutical did not participate in the conduct of the study and analysis of the data.
		Time frame: past	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	

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

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

Date:August 16, 2022
Your Name:Lin Yang
Manuscript Title:Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	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	

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

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

Date:	_August 16, 2022
Your Nar	me:Qing Fan
Manuscr	ipt Title: <u>Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain</u> :
	a multicenter randomized controlled trial
Manuscr	ipt number (if known): ATM-22-4091

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		Time frame: past	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	

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

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

Date:August 16, 2022
Your Name: Qiulin Zhao
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	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	

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

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

Date:August 16, 2022
Your Name:Juan Chen
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	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	

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

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

Date:August 16, 2022		
Your Name:Jing Shi		
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:		
a multicenter randomized controlled trial		
Manuscript number (if known): ATM-22-4091		

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		Time frame: past	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	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events Payment for expert		
6	testimony	None	
	testimony		
7	Comment for a three direct		
/	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	⊠None	
	pending		
9	Participation on a Data		
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role		
10	in other board, society,	⊠ None	
	committee or advocacy		
	group, paid or unpaid		
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	

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

Date:August 16, 2022		
Your Name:Cunxian Duan		
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:		
a multicenter randomized controlled trial		
Manuscript number (if known): ATM-22-4091		

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		Time frame: past	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	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events Payment for expert		
6	testimony	None	
	testimony		
7	Common to the control of the control		
/	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	⊠None	
	pending		
9	Participation on a Data		
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role		
10	in other board, society,	⊠ None	
	committee or advocacy		
	group, paid or unpaid		
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	

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

Date:August 16, 2022
Your Name: Qiong Du
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	36 months
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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	None	
,	meetings and/or travel	[⊠ Inone	
	,		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	⊠None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-		
13	financial interests	None	
	manda meereses		

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

Date:August 16, 2022
Your Name:Yiwen Zhang
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	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 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	

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

Date:August 16, 2022
Your Name: Zhengbo Song
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known):ATM-22-4091

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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	

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

Date:August 16, 2022
Your Name: Shuang Fu
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	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	

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

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

Date:August 16, 2022
Your Name:Yunfang Cai
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: past	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 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	

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Date:August 16, 2022
Your Name:Xianhong Huang
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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		Time frame: Since the initial	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 This work was supported by Mundipharma (China) Pharmaceutical	Payments were made to Zhejiang Cancer Hospital. Mundipharma (China) Pharmaceutical did not participate in the conduct of the study and analysis of the data.
		Time frame: past	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	

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

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

Date:August 16, 2022
Your Name:Luo Fang
Manuscript Title:Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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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>.

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		Time frame: past	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	

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

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

Date:August 16, 2022
our Name: Yuguo Liu
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain
a multicenter randomized controlled trial
Manuscript number (if known): ATM-22-4091

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3	Royalties or licenses	None	
4	Consulting fees	⊠None	

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

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

Date:August 16, 2022				
Your Name: Ping Huang				
Manuscript Title: Impact of individualized pharmaceutical care in opioid-tolerant outpatients with cancer pain:				
a multicenter randomized controlled trial				
Manuscript number (if known): ATM-22-4091				

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	Time frame: past 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	
Ū	testimony	None	
	•		
7	Support for attending	None	
	meetings and/or travel	[EZ]NOTE	
	,		
8	Patents planned, issued or pending	None	
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	Receipt of equipment,	⊠None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	None	

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