Date	e:2022/8/2	6		
You	r Name: Pingh	ui Xia		
Mar	nuscript Title: Evaluation treatment of locally advance	on of the safety and effect ed esophageal squamous	iveness of neoadjuvant combined chemoimmunotherapy cell carcinoma: a retrospective single-arm cohort study	in
rela part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	following questions apply t	o the author's relationshi	os/activities/interests as they relate to the current	
to the	he epidemiology of hyperter dication, even if that medica	nsion, you should declare tion is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items	
		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone		

Time frame: past 36 months

X__None

X_None

X__None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

any entity (if not indicated

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

None.		

Date:	2022/8/26	
Your Name:	Pan Li	
•		safety and effectiveness of neoadjuvant combined chemoimmunotherapy in
the treatment of	ocally advanced esoph	ageal squamous cell carcinoma: a retrospective single-arm cohort study
Manuscript numb	er (if known):	
related to the cor	tent of your manuscrip	ou to disclose all relationships/activities/interests listed below that are ot. "Related" means any relation with for-profit or not-for-profit third
•	•	by the content of the manuscript. Disclosure represents a commitment y indicate a bias. If you are in doubt about whether to list a
• •	rity/interest, it is prefer	•

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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)
	T	Time frame: Since the initial	plaining of the work
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.		
	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 fo	rXNone			
lectures, presentations,				
speakers bureaus, manuscript writing or				
educational events				
6 Payment for expert	X None			
testimony				
7 Support for attending meetings and/or travel	XNone			
8 Patents planned, issued	or X_None			
pending				
9 Participation on a Data	X None			
Safety Monitoring Board				
Advisory Board				
10 Leadership or fiduciary re	oleXNone			
in other board, society,				
committee or advocacy group, paid or unpaid				
11 Stock or stock options	XNone			
10 0 11 6				
12 Receipt of equipment,	XNone			
materials, drugs, medica writing, gifts or other	·			
services				
13 Other financial or non-	XNone			
financial interests				
Please summarize the above conflict of interest in the following box:				

None			

Date:	2022/8/26	
Your Name:	Simeng Wu	
Manuscript Title:	Evaluation of the safety and	l effectiveness of neoadjuvant combined chemoimmunotherapy in
the treatment of lo	cally advanced esophageal squa	amous cell carcinoma: a retrospective single-arm cohort study
Manuscript numbe	r (if known):	
In the interest of tr	ansparency, we ask you to discl	lose all relationships/activities/interests listed below that are
related to the cont	ent of your manuscript. "Relate	d" means any relation with for-profit or not-for-profit third
parties whose inte	rests may be affected by the cor	ntent of the manuscript. Disclosure represents a commitment
to transparency an	d does not necessarily indicate	a bias. If you are in doubt about whether to list a
relationship/activit	ty/interest, it is preferable that	vou do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None

Date:	2022/8/26
Your Name:	Yiqing Wang
Manuscript Title	e: Evaluation of the safety and effectiveness of neoadjuvant combined chemoimmunotherapy i
the treatment o	of locally advanced esophageal squamous cell carcinoma
Manuscript nun	nber (if known):
related to the coparties whose in to transparency	of transparency, we ask you to disclose all relationships/activities/interests listed below that are content of your manuscript. "Related" means any relation with for-profit or not-for-profit third interests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a tivity/interest, it is preferable that you do so.
The following q manuscript only	uestions apply to the author's relationships/activities/interests as they relate to the <u>current</u> 4·
to the epidemio	lationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains blogy of hypertension, you should declare all relationships with manufacturers of antihypertensive en 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)
			plaining of the work
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.		
	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	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events				
6	Payment for expert	XNone			
	testimony				
_					
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	X None			
13	financial interests				
	iniunciai interests				
Plea	Please summarize the above conflict of interest in the following box:				

None

Date:	2022/8/26	
Your Name:	Peng Ye	
Manuscript Title:	Evaluation of the	safety and effectiveness of neoadjuvant combined chemoimmunotherapy in
the treatment of lo	cally advanced esopl	nageal squamous cell carcinoma: a retrospective single-arm cohort study
Manuscript number	r (if known):	
In the interest of tra	ansparency, we ask y	you to disclose all relationships/activities/interests listed below that are
related to the conte	ent of your manuscri	pt. "Related" means any relation with for-profit or not-for-profit third
parties whose inter	ests may be affected	by the content of the manuscript. Disclosure represents a commitment
to transparency and	d does not necessaril	y indicate a bias. If you are in doubt about whether to list a

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

relationship/activity/interest, it is preferable that you do so.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None			

Date:	2022/8/26	_
Your Name:	Chong Zhang	
Manuscript Title:	Evaluation of the safety and effectiveness of neoadjuvant combined chemoimmunothera	ıpy ir
the treatment of lo	cally advanced esophageal squamous cell carcinoma: a retrospective single-arm cohort study	/
Manuscript numbe	r (if known):	
	ansparency, we ask you to disclose all relationships/activities/interests listed below that are	!
	ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third rests may be affected by the content of the manuscript. Disclosure represents a commitment	
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None			

Date:	2022/8/26	
Your Name:	Jian Hu	
Manuscript Title:	Evaluation of the safety	y and effectiveness of neoadjuvant combined chemoimmunotherapy ir
the treatment of	locally advanced esophageal	l squamous cell carcinoma: a retrospective single-arm cohort study
Manuscript num	oer (if known):	
		disales all relationships /s sticking /totales at listed heles, the terror
		disclose all relationships/activities/interests listed below that are
	•	elated" means any relation with for-profit or not-for-profit third
•	•	e content of the manuscript. Disclosure represents a commitment
to transparency a	and does not necessarily indi-	cate a bias. If you are in doubt about whether to list a
relationship/acti	vity/interest, it is preferable	that you do so.

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

None

Date:	2022/8/20	
Your Name:	Biniam Kidane	
•		and effctiveness of neoadjuvant combined chemoimmunotherapy in the amous cell carcinoma: a retrospective single-arm cohort study
	mber (if known):	
related to the c parties whose i to transparency	ontent of your manuscript. "Re nterests may be affected by the	disclose all relationships/activities/interests listed below that are lated" means any relation with for-profit or not-for-profit third content of the manuscript. Disclosure represents a commitment ate a bias. If you are in doubt about whether to list a that you do so.

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			planning of the work
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	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board	XNOTE	
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13		XNone	
Plea	se summarize the above co	nflict of interest in the foll	owing box:

None	е			

Date: 19 th August 2022
Your Name: Savvas Lampridis

Manuscript Title: Evaluation of the safety and effectiveness of neoadjuvant combined chemoimmunotherapy in the

 $treatment\ of\ locally\ advanced\ esophage al\ squamous\ cell\ carcinoma:\ a\ retrospective\ single-arm\ cohort\ study$

Manuscript number (if known): _____

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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	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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	5 ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	XNone	
13		XNone	
Plea	ise summarize the above co	nflict of interest in the follow	owing box:

I have no conflicts of interest to declare.

Date:	_8/18/2022
Your Name:	Jeffrey Velotta MD
Manuscript Tit	le: Evaluation of the safety and effectiveness of neoadjuvant combined chemoimmunotherapy ir of locally advanced esophageal squamous cell carcinoma: a retrospective single-arm cohort study
	· · · · · · · · · · · · · · · · · · ·
ivianuscript nu	mber (if known):

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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 Payment for expert	None	
o	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:

none

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

Date:8/21/2022
Your Name:Connor J Wakefield
Manuscript Title: Evaluation of the safety and effectiveness of neoadjuvant combined chemoimmunotherapy in t
treatment of locally advanced esophageal squamous cell carcinoma: a retrospective single-arm cohort study
Manuscript number (if known):not known

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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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel		
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony		
speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending XNone		
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attendingXNone		
educational events 6 Payment for expertX_None 7 Support for attendingX_None		
6 Payment for expertX_None		
testimony		
7 Support for attendingXNone		
8 Patents planned, issued orXNone		
pending		
9 Participation on a DataXNone		
Safety Monitoring Board or		
Advisory Board		
10 Leadership or fiduciary roleXNone		
in other board, society,		
committee or advocacy		
group, paid or unpaid		
11 Stock or stock optionsX_None		
11 Stock of Stock optionsX_None		
12 Passint of autinment V Nana		
12 Receipt of equipment,XNone		
materials, drugs, medical		
writing, gifts or other		
services		
13 Other financial or non- X_None		
financial interests		
Please summarize the above conflict of interest in the following box:		
There are no conflicts of interest to report.		
The sale has sommed of interest to report		
Please place an "X" next to the following statement to indicate your agreement:		

	ICIVIJE D	ISCLUSURE FURIVI				
Date:	2022/8/26					
	ame: Linhai Zhu					
the trea	Manuscript Title: Evaluation of the safety and effectiveness of neoadjuvant combined chemoimmunotherapy i the treatment of locally advanced esophageal squamous cell carcinoma: a retrospective single-arm cohort study Manuscript number (if known):					
related parties to trans	to the content of your manuscript. "Related" whose interests may be affected by the conte	e all relationships/activities/interests listed below that are means any relation with for-profit or not-for-profit third ent of the manuscript. Disclosure represents a commitment lias. If you are in doubt about whether to list a u do so.				
	lowing questions apply to the author's relation cript only.	nships/activities/interests as they relate to the <u>current</u>				
to the e	• • • • • • • • • • • • • • • • • • • •	be <u>defined broadly</u> . For example, if your manuscript pertains lare all relationships with manufacturers of antihypertensive I in the manuscript.				
	#1 below, report all support for the work report for the work report for disclosure is the past 36 months.	orted 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 indicat	e institution)				
	none (add rows as					
	needed)					
	Time frame: Since the	initial planning of the work				

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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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None			

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2		Time frame: pas	t 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				

Consulting fees

_X__None

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone		
	manuscript writing or			
	educational events			
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
in of	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
4.5				
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
12	Services Other financial or non	V None		
13	Other financial or non-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

None