| Date | e:2022-8-8 | | | | | | |
|-----------------------|--|--|--|---|--|--|--|
| You | r Name: Zhich | ao Tan | | | | | |
| com | Manuscript Title: Efficacy of PD-1 inhibitors combined with pegylated liposomal doxorubicin and dacarbazine compared with liposomal doxorubicin and dacarbazine in advanced leiomyosarcoma patients: a retrospective, single-institutional study | | | | | | |
| | nuscript number (if known) | • | | | | | |
| rela part to t | ted to the content of your i | manuscript. "Related" mea affected by the content of ecessarily indicate a bias. | relationships/activities/interests listed below that are ins 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 to nuscript only. | to the author's relationship | os/activities/interests as they relate to the <u>current</u> | | | | |
| to ti med In it | he epidemiology of hyperte dication, even if that medic | ension, you should declare ation is not mentioned in to open the work reported | defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other iter | e | | | |
| | | 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 | XNone | | | | | |
| | processing charges, etc.) No time limit for this item. | | | | | | |
| | | Time frame: pas | t 36 months | | | | |

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

3

any entity (if not indicated

_X__None

_X__None

| г | Payment or honoraria for | V. Nana | |
|------|--|-------------------------------|------------|
| 5 | lectures, presentations, | XNone | |
| | 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 | X None | |
| 10 | 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- | X None | |
| 15 | financial interests | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the fol | owing box: |
| | | | |
| N | lone | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date | e:2022-8-8 | | | | | | |
|------------------------|---|---|--|--|--|--|--|
| | r Name: Xinyu nuscript Title: Efficacy o | ~ | d with pegylated liposomal doxorubicin and dacarbazine | | | | |
| | compared with liposomal doxorubicin and dacarbazine in advanced leiomyosarcoma patients: a retrospective, single- | | | | | | |
| insti | tutional study | | | | | | |
| Mar | nuscript number (if known): | | | | | | |
| relat part to tr | ted to the content of your n ies whose interests may be | nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. | | | | |
| | following questions apply t uscript only. | o the author's relationship | s/activities/interests as they relate to the <u>current</u> | | | | |
| to th | ne epidemiology of hyperte lication, even if that medica | nsion, you should declare a tion is not mentioned in th | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. in this manuscript without time limit. For all other items, | | | | |
| | time frame for disclosure is | · · | in this manuscript without time mint. For an 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 none (add rows as | institution) | | | | |
| | | needed) | | | | | |
| | | Time frame: Since the initial | 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

_X__None

_X__None

_None

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

3

any entity (if not indicated

| г | Payment or honoraria for | V. Nana | |
|------|--|-------------------------------|------------|
| 5 | lectures, presentations, | XNone | |
| | 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 | X None | |
| 10 | 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- | X None | |
| 15 | financial interests | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the fol | owing box: |
| | | | |
| N | lone | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date | e: 2022-8-8 | | | |
|--------------------------------------|---|---|--|---|
| | r Name: Jiayon | | | |
| Mar com insti | nuscript Title: Efficacy o | of PD-1 inhibitors combined to the combined to the combine in the | d with pegylated liposomal doxorubicin and dacarbazin advanced leiomyosarcoma patients: a retrospective, si | |
| rela part to ti rela The | ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript of the second se | |
| The to th med | author's relationships/activne epidemiology of hypertelication, even if that medica | nsion, you should declare a tion is not mentioned in the port for the work reported | lefined broadly. For example, if your manuscript pertainall relationships with manufacturers of antihypertensivne manuscript. I in this manuscript without time limit. For all other ite | e |
| | | 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) | | |
| 4 | | Time frame: Since the initia | I 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 | XNone | | |

in item #1 above).
Royalties or licenses

Consulting fees

_X__None

X__None

3

| г | Payment or honoraria for | V. Nana | |
|------|--|-------------------------------|------------|
| 5 | lectures, presentations, | XNone | |
| | 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 | X None | |
| 10 | 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- | X None | |
| 15 | financial interests | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the fol | owing box: |
| | | | |
| N | lone | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date | e:2022-8-8_ | | | |
|------------------------|---|---|---|---|
| | r Name: Zheng | | | |
| com insti | | ubicin and dacarbazine in | d with pegylated liposomal doxorubicin and dacarbazing advanced leiomyosarcoma patients: a retrospective, sin | |
| | | | | |
| relat part to tr | ted to the content of your n ies whose interests may be | nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. | |
| | following questions apply to uscript only. | o the author's relationship | s/activities/interests as they relate to the <u>current</u> | |
| to the | ne epidemiology of hyperter lication, even if that medica | nsion, you should declare a tion is not mentioned in the port for the work reported | efined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive ne manuscript. in this manuscript without time limit. For all other iter | e |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) | |
| | | Time frame: Since the initia | planning of the work | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | XNone | | |
| | No time limit for this item. | | | |
| | | Time frame: past | 36 months | |
| 2 | Grants or contracts from | XNone | | |

any entity (if not indicated

_X__None

X__None

in item #1 above).

Royalties or licenses

Consulting fees

| г | Payment or honoraria for | V. Nana | |
|------|--|-------------------------------|------------|
| 5 | lectures, presentations, | XNone | |
| | 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 | X None | |
| 10 | 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- | X None | |
| 15 | financial interests | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the fol | owing box: |
| | | | |
| N | lone | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date | e:2022-8-8 | | | |
|-----------------------|---|---|---|------|
| You | r Name: Tian (| Gao | | |
| Mar | nuscript Title: Efficacy | of PD-1 inhibitors combine | ed with pegylated liposomal doxorubicin and dacarbazine | |
| com | pared with liposomal doxo | rubicin and dacarbazine ir | n advanced leiomyosarcoma patients: a retrospective, sing | şle- |
| | tutional study | | | |
| Mar | nuscript number (if known): | | | |
| rela part to ti | ted to the content of your r ies whose interests may be | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. | relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of 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 | ps/activities/interests as they relate to the <u>current</u> | |
| to the med | ne epidemiology of hyperte lication, even if that medica | nsion, you should declare ation is not mentioned in to port for the work reporte | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other item | |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this relationship or indicate none (add rows as | (e.g., if payments were made to you or to your institution) | |
| | | needed) | | |
| | | Time frame: Since the initial | al 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: nac | 26 | |

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

any entity (if not indicated

_X__None

_X__None

| г | Payment or honoraria for | V. Nana | |
|------|--|-------------------------------|------------|
| 5 | lectures, presentations, | XNone | |
| | 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 | X None | |
| 10 | 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- | X None | |
| 15 | financial interests | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the fol | owing box: |
| | | | |
| N | lone | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date | e:2022-8-8_ | | | | | | | |
|-----------------------|---|--|--|---|--|--|--|--|
| You | r Name: Chujie | Bai | | | | | | |
| Mar | Manuscript Title: Efficacy of PD-1 inhibitors combined with pegylated liposomal doxorubicin and dacarbazine | | | | | | | |
| com | compared with liposomal doxorubicin and dacarbazine in advanced leiomyosarcoma patients: a retrospective, single- | | | | | | | |
| | itutional study | | | | | | | |
| Mar | nuscript number (if known): | | | | | | | |
| rela part to t | ted to the content of your n ies whose interests may be | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. | relationships/activities/interests listed below that are ins 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 to | o the author's relationship | os/activities/interests as they relate to the <u>current</u> | | | | | |
| to ti med In it | 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. I 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 initia | al planning of the work | | | | | |
| 1 | All support for the present | X None | in planning of the work | | | | | |
| _ | manuscript (e.g., funding, | XNone | | | | | | |
| | provision of study materials, | | | | | | | |
| | medical writing, article | | | | | | | |
| | processing charges, etc.) | | | | | | | |
| | No time limit for this item. | | | | | | | |
| | | | | | | | | |
| | | Time frame: pas | t 36 months | | | | | |

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

3

any entity (if not indicated

_X__None

_X__None

| г | Payment or honoraria for | V. Nana | |
|------|--|-------------------------------|------------|
| 5 | lectures, presentations, | XNone | |
| | 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 | X None | |
| 10 | 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- | X None | |
| 15 | financial interests | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the fol | owing box: |
| | | | |
| N | lone | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date | e:2022-8-8_ | | |
|------------------------|--|--|--|
| | r Name: Ruifer | | |
| com insti | | ubicin and dacarbazine in | d with pegylated liposomal doxorubicin and dacarbazine advanced leiomyosarcoma patients: a retrospective, single- |
| IVIAI | iuscript number (ii known). | | |
| relat part to tr | ted to the content of your n ies whose interests may be | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. | relationships/activities/interests listed below that are ins 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 to uscript only. | o the author's relationship | os/activities/interests as they relate to the <u>current</u> |
| to the | ne epidemiology of hyperter lication, 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, | XNone | |
| | medical writing, article processing charges, etc.) No time limit for this item. | | |
| | | | |
| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from | X None | |

any entity (if not indicated

_X__None

X__None

in item #1 above).

Royalties or licenses

Consulting fees

3

| г | Decimant on homomorphic for | V. Nana | | |
|------|---|---------|--|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | XNone | | |
| | | | | |
| | 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 | | X None | | |
| 10 | Leadership or fiduciary role 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- | X None | | |
| 13 | financial interests | | | |
| | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | |
| | | | | |
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Date | e:2022-8-8_ | | | | | |
|-----------------------|---|--|---|-----|--|--|
| | r Name: Shu Li | | | | | |
| | Manuscript Title: Efficacy of PD-1 inhibitors combined with pegylated liposomal doxorubicin and dacarbazine | | | | | |
| | | rubicin and dacarbazine in | advanced leiomyosarcoma patients: a retrospective, sing | le- | | |
| | itutional study | | | | | |
| Mar | nuscript number (if known): | | | | | |
| rela part to ti | ted to the content of your n ties whose interests may be | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third 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 relationship | s/activities/interests as they relate to the <u>current</u> | | | |
| to tl med In it | he epidemiology of hyperted dication, even if that medication | nsion, you should declare a tion is not mentioned in th port for the work reported | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. 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 initia | planning of the work | | | |
| 1 | All support for the present | X None | | | | |
| | manuscript (e.g., funding, | | | | | |
| | provision of study materials, | | | | | |
| | medical writing, article | | | | | |
| | processing charges, etc.) No time limit for this item. | | | | | |
| | 140 time imme for this itelli. | | | | | |
| | | | | | | |
| | | Time frame: past | 36 months | | | |

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

3

any entity (if not indicated

_X__None

_X__None

| г | Decimant on homomorphic for | V. Nana | | |
|------|---|---------|--|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | XNone | | |
| | | | | |
| | 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 | | X None | | |
| 10 | Leadership or fiduciary role 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- | X None | | |
| 13 | financial interests | | | |
| | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | |
| | | | | |
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Date | e:2022-8-8 | | | |
|-------------------------------|---|---|---|---|
| | r Name: Lu Zha | | | |
| Mar com insti | nuscript Title: Efficacy o | of PD-1 inhibitors combined rubicin and dacarbazine in | d with pegylated liposomal doxorubicin and dacarbazin advanced leiomyosarcoma patients: a retrospective, si | |
| rela part to ti rela | ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so. | |
| mar | uscript only. | | | |
| to tl med In it | ne epidemiology of hyperter lication, even if that medica | nsion, you should declare a ition is not mentioned in the port for the work reported | lefined broadly. For example, if your manuscript pertainall relationships with manufacturers of antihypertensivne manuscript. I in this manuscript without time limit. For all other ite | e |
| | | 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 initia | I planning of the work | |
| 1 | All support for the present | X 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: past | 36 months | |
| 2 | Grants or contracts from | X None | | |
| | any entity (if not indicated | | | |

in item #1 above).
Royalties or licenses

Consulting fees

_X__None

X__None

3

| г | Decimant on handanis for | V. Nana | | |
|------|---|---------|--|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | XNone | | |
| | | | | |
| | 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 | | X None | | |
| 10 | Leadership or fiduciary role 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- | X None | | |
| 13 | financial interests | | | |
| | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | |
| | | | | |
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |