Date: <u>2022/12/19</u>	
Your Name: Yulan Ren	
Manuscript Title: <u>Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, pha</u>	se-Il
<u>study</u> _	
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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	_X_None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	The time initial terms item.		
		Time frame: past	26 months
2	Grants or contracts from		36 months
2		_X_None	
	any entity (if not indicated in item #1 above).		
2	·	V 51	
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

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

I have no conflict of interest.		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2022/12/19	
Your Name: Tingting Wang	
Manuscript Title: Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, phase-	
II 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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1	All support for the present	<u>X</u> None	
	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	_X_None	
4	Consulting fees	_X_None	

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

I have no conflict of interest.		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>2022/12/19</u>	
Your Name: Xi Cheng	
Manuscript Title: Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, pha	ase-I
<u>study</u>	
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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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

I have no conflict of interest.			

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>2022/12/19</u>
Your Name: Guihao Ke
Manuscript Title: <u>Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, phase-l</u>
<u>study</u>
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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		Time frame: Since the initial	planning of the work
1	All support for the present	<u>X</u> None	
	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	_X_None	
4	Consulting fees	_X_None	

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

I have no conflict of interest.			

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>2022/12/19</u>
Your Name: Yan Huang
Manuscript Title: <u>Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, phase-Il</u>
<u>study</u>
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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		Time frame: Since the initial	planning of the work
1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
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	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).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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

I have no conflict of interest.			

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>2022/12/19</u>
Your Name: Huijuan Yang
Manuscript Title: <u>Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, phase-l</u>
<u>study</u>
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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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.		
	The time initial to this item.		
		Time frame: past	26 months
		Time frame: past	56 Months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	_X_None	
	manuscript writing or		
	educational events		
6	Payment for expert testimony	_X_None	
	testillolly		
_		V	
7	Support for attending meetings and/or travel	_X_None	
	, 		
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	.0 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13		V Name	
13	Other financial or non- financial interests	_X_None	
Ple	Please summarize the above conflict of interest in the following box:		

I have no conflict of interest.		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>2022/12/19</u>
Your Name: Xiao Huang
Manuscript Title: <u>Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, phase</u> -
<u>study</u>
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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1	All support for the present	<u>X</u> None	
	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	_X_None	
4	Consulting fees	_X_None	

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

I have no conflict of interest.

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>2022/12/19</u>
Your Name: Wenjuan Tian
Manuscript Title: <u>Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, phase-</u>
<u>study</u>
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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations,	_X_None	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	V Nana	
0	testimony	_X_None	
	1000000		
7	Support for attending meetings and/or travel	_X_None	
	_		
8	Patents planned, issued or	_X_None	
	pending		
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9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V N	
10	in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical	_X_None	
	writing, gifts or other services		
13	Other financial or non-	_X_None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		

I have no conflict of interest.

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2022/12	<u>/19</u>
Your Name:	Huaying Wang
Manuscript Title:	<u> Apatinib in patients with recurrent uterine malignancy: a single-center, single-arm, phase-l</u>
study_	
Manuscript numb	per (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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations,	_X_None	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	V Nana	
0	testimony	_X_None	
	1000000		
7	Support for attending meetings and/or travel	_X_None	
	_		
8	Patents planned, issued or	_X_None	
	pending		
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9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V N	
10	in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical	_X_None	
	writing, gifts or other services		
13	Other financial or non-	_X_None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		

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