Date:2021-5-13
Your Name: Jun Ma
Manuscript Title: Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies:
a real-world 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
1	All support for the present manuscript (e.g., funding,	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting food	None	
4	Consulting fees	None	

5	Doument or honororio for	None	
Э	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
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	pending		
9	Douticipation on a Data	Nana	
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-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

I have no conflict of interest to declare.	

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

Date:2021-5-13	
Your Name: Huiqiang	Huang
Manuscript Title: Prophy a real-world study	laxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies:
Manuscript number (if kn	own):

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3	Royalties or licenses	None	

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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			
	testimony				
7	Support for attending meetings and/or travel	None			
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8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
	Please summarize the above conflict of interest in the following box: I have no conflict of interest to declare.				

Manuscript number (if known):	
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancie a real-world study	3:
Your Name: Peifen Fu	
Date:2021-5-13	

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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		
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8	Patents planned, issued or	None	
	pending		
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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		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
4.2	services		
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the	following box:
	have no conflict of interest to d	leclare.	

Date:2021-5-13
Your Name: Nong Xu
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies: a real-world study
Manuscript number (if known):

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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	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			
	,			
8	Patents planned, issued or	None		
	pending			
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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-	None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the	following box:	
- 1	I have no conflict of interest to declare.			

Date:2021-5-13	
our Name: Chenyu Mao	
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malign a real-world study	ancies:
Manuscript number (if known):	

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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		
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8	Patents planned, issued or	None		
	pending			
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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-	None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the	following box:	
- 1	I have no conflict of interest to declare.			

Manuscript number (if known):
Manuscript Title: Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies a real-world study
Your Name: Gang Cheng
Date:2021-5-13

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).	None	
3	Royalties or licenses	None	

4	Consulting fees	None			
_	December 1 and 1 a	NI			
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				
9	Participation on a Data	None			
9	Safety Monitoring Board or	None			
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
	-				
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	None			
13	financial interests	None			
Plea	ase summarize the above co	nflict of interest in the f	ollowing box:		
1	have no conflict of interest to d	leclare.			

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

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

Date:2021-5-13
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies: a real-world study
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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			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
	Please summarize the above conflict of interest in the following box: I have no conflict of interest to declare.			

Manuscript number (if known):	
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies a real-world study	;:
Your Name: Yongqing Li	
Date:2021-5-13	

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4	Consulting fees	None			
5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
-	educational events	None			
6	Payment for expert testimony	None			
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7	Support for attending	None			
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	meetings and, or travel				
8	Patents planned, issued or	None			
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9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy	None			
	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-	None			
13	financial interests	None			
Plea	ase summarize the above co	onflict of interest in the fo	ollowing box:		
1	I have no conflict of interest to declare.				
		·			

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

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

ate:2021-5-13 our Name: Yanxia Shi

anuscript Title: Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies: real-world study
anuscript number (if known):

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5	Payment or honoraria for	None			
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	manuscript writing or				
	educational events				
6	Payment for expert	None			
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7	Support for attending	None			
	meetings and/or travel				
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	Determination of investor	News			
8	Patents planned, issued or	None			
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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				
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11	Stock or stock options	None			
12					
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other services				
12	Other financial or non-	Mana			
13	financial interests	None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
Γ.					
	I have no conflict of interest to declare.				

Date:2021-5-13
our Name: Yongsheng Wang
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies: a real-world study
 Manuscript number (if known):

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7	Support for attending meetings and/or travel	None			
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	pending				
9	Participation on a Data	None			
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	Advisory Board				
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	manuscript writing or				
	educational events				
6	Payment for expert testimony	None			
7	Support for attending	None			
,	meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society,	None			
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	None			
11	Stock of Stock options	None			
12	Receipt of equipment,	None			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Plea	ise summarize the above co	nflict of interest in the fo	ollowing box:		
I have no conflict of interest to declare.					

Date:2021-5-13	
Your Name: Liang Chen	
	•
Manuscript Title: Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-r	nyeloid malignancies:
a real-world study	
Manuscript number (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	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
_					
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
_					
9	Participation on a Data	None			
	Safety Monitoring Board or				
10	Advisory Board				
10	Leadership or fiduciary role	None	_		
	in other board, society, committee or advocacy				
11	group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment,	None			
12	materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
10	financial interests				
	maneral intereses				
Dlos	sa summariza tha abaya sa	nflist of interest in the fo	llowing how		
Piea	se summarize the above co	milet of interest in the fo	nowing box:		
I have no conflict of interest to declare.					

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

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

Date:2021-5-13	
Your Name: Yong Chen	
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myele a real-world study	oid malignancies:
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None			
5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
	,				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	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-	None			
	financial interests				
Plea	ase summarize the above co	nflict of interest in the	e following box:		
1	have no conflict of interest to o	leclare.			
Plea	Please place an "X" next to the following statement to indicate your agreement:				

Date:2021-5-13				
Your Name: Ningling Zhang				
Manuscript Title:_ Prophylaxis of neutropa real-world study	penia with mecapegfilgrastim in patients with non-myeloid malignancies:			
a rear-world study				
Manuscript number (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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
-	6		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	A1	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the f	ollowing box:
11	have no conflict of interest to d	eclare.	

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

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

Your Name: Guifang Zhang	
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid mala real-world study	ignancies:
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).	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		
		None	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the f	ollowing box:
1	have no conflict of interest to c	leclare.	

Date:2021-5-13	
Your Name: Zhangxia Ren	
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-mye	eloid malignancies:
a real-world 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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		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	A.I			
5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	None			
0	testimony	None			
	testimony				
7	Support for attending	None			
,	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy	None			
11	group, paid or unpaid Stock or stock options	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-	None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
I have no conflict of interest to declare.					

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

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

Date:2021-5-13
Your Name: Zengjun Li
Manuscript Title: Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies:
a real-world study
Manuscript number (if known):

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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 meetings and/or travel	None			
	meetings unapor traver				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
42	services				
13	Other financial or non-	None			
	financial interests				
-					
Plea	Please summarize the above conflict of interest in the following box:				
Γ.					
1	I have no conflict of interest to declare.				

Date:2021-5-13	
Your Name: Lihua Song	
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patie a real-world study	ents with non-myeloid malignancies:
Manuscript number (if known):	

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

		T			
4	Consulting fees	None			
5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
	,				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	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-	None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
1	I have no conflict of interest to declare.				

ate:2021-5-13 our Name: Ruihua Xu

anuscript Title: _ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies: real-world study
anuscript 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
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3	Royalties or licenses	None	

4	Consulting fees	None		
5	Daymant and an anaria far	None		
Э	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			
9	Participation on a Data	None		
,	Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
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12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
	nse summarize the above co		ollowing box:	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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Date:2021-5-13
Manuscript Title:_ Prophylaxis of neutropenia with mecapegfilgrastim in patients with non-myeloid malignancies: a real-world study
Manuscript number (if known):

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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			
	go aa, or drave.			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	I have no conflict of interest to declare.			
- 1				