| Date:     | _2021.8.9  |
|-----------|--|
| Your Name | e:Hui Huang  |
| Manuscrip | ot Title:Wogonoside inhibits TNF receptor-associated factor 6 (TRAF6) mediated-tumor microenvironmen |
| and progn | osis of pancreatic cancer  |
| Manuscrip | ot 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   | 1   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding, | None   |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article<br>processing charges, etc.)     |  |   |
|   | 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 fees   | None   |   |
|   |   |  |   |

|    |                              | 1    |  |
|----|------------------------------|------|--|
| _  |                              |      |  |
| 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    |      |  |
| 1  | writing, gifts or other      |      |  |
| 1  | services                     |      |  |
| 13 | Other financial or non-      | None |  |
|    | financial interests          |      |  |
|    |                              |      |  |
|    |                              |      |  |

None

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

| Date:2021.8.9  |
|--|
| Your Name:Xia Li   |
| Manuscript Title:Wogonoside inhibits TNF receptor-associated factor 6 (TRAF6) mediated-tumor microenvironmen |
| and prognosis of pancreatic cancer   |
| 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Time frame: Since the initialNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| 3 | Royalties or licenses  | None   |   |
| 4 | Consulting fees  | None   |   |

|    |                              | 1    |  |
|----|------------------------------|------|--|
| _  |                              |      |  |
| 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    |      |  |
| 1  | writing, gifts or other      |      |  |
| 1  | services                     |      |  |
| 13 | Other financial or non-      | None |  |
|    | financial interests          |      |  |
|    |                              |      |  |
|    |                              |      |  |

None

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

| Date:      | _2021.8.9  |
|------------|--|
| Your Name  | e: Li Yu   |
| Manuscrip  | t Title:Wogonoside inhibits TNF receptor-associated factor 6 (TRAF6) mediated-tumor microenvironment |
| and progno | osis of pancreatic cancer  |
| Manuscrip  | t 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   | 1   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding, | None   |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article<br>processing charges, etc.)     |  |   |
|   | 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 fees   | None   |   |
|   |   |  |   |

|    |                              | 1    |  |
|----|------------------------------|------|--|
| _  |                              |      |  |
| 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    |      |  |
| 1  | writing, gifts or other      |      |  |
| 1  | services                     |      |  |
| 13 | Other financial or non-      | None |  |
|    | financial interests          |      |  |
|    |                              |      |  |
|    |                              |      |  |

None

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

| Date:      | 2021.8.9   |
|------------|--|
| Your Name: | Ling Liu   |
| Manuscript | Title:Wogonoside inhibits TNF receptor-associated factor 6 (TRAF6) mediated-tumor microenvironment |
| and progno | sis of pancreatic cancer   |
| 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   | 1   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding, | None   |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article<br>processing charges, etc.)     |  |   |
|   | 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 fees   | None   |   |
|   |   |  |   |

|    |                              | 1    |  |
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| _  |                              |      |  |
| 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    |      |  |
| 1  | writing, gifts or other      |      |  |
| 1  | services                     |      |  |
| 13 | Other financial or non-      | None |  |
|    | financial interests          |      |  |
|    |                              |      |  |
|    |                              |      |  |

None

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

| Date:202       | 21.8.9  |
|----------------|---|
| YourName:      | Hongwei Zhu   |
| Manuscript Tit | le:Wogonoside inhibits TNF receptor-associated factor 6 (TRAF6) mediated-tumor microenvironment |
| and prognosis  | of pancreatic cancer  |
| Manuscript nu  | mber (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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   | 1   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding, | None   |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article<br>processing charges, etc.)     |  |   |
|   | 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 fees   | None   |   |
|   |   |  |   |

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

None

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

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

| Date:      | _2021.8.9  |
|------------|--|
| YourName   | :Wei Cao   |
| Manuscrip  | t Title:Wogonoside inhibits TNF receptor-associated factor 6 (TRAF6) mediated-tumor microenvironment |
| and progno | osis of pancreatic cancer  |
| Manuscrip  | t number (if known):   |

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|---|---|--|---|
|   | 1   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding, | None   |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article<br>processing charges, etc.)     |  |   |
|   | 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 fees   | None   |   |
|   |   |  |   |

|    |                              | 1    |  |
|----|------------------------------|------|--|
| _  |                              |      |  |
| 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    |      |  |
| 1  | writing, gifts or other      |      |  |
| 1  | services                     |      |  |
| 13 | Other financial or non-      | None |  |
|    | financial interests          |      |  |
|    |                              |      |  |
|    |                              |      |  |

None

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

| Date:      | 2021.8.9   |
|------------|--|
| YourName:  | Zhongling Sun  |
| Manuscript | Title:Wogonoside inhibits TNF receptor-associated factor 6 (TRAF6) mediated-tumor microenvironment |
| and progno | sis of pancreatic cancer   |
| 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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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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|---|--|---|
|   | 1   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding, | None   |   |
|   | provision of study materials,                             |  |   |
|   | medical writing, article<br>processing charges, etc.)     |  |   |
|   | 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 fees   | None   |   |
|   |   |  |   |

| 5  | Payment or honoraria for     | None |  |
|----|------------------------------|------|--|
|    | lectures, presentations,     |      |  |
|    | speakers bureaus,            |      |  |
|    | manuscript writing or        |      |  |
|    | educational events           |      |  |
| 6  | Payment for expert           | None |  |
| Ŭ  | testimony                    |      |  |
|    | testimony                    |      |  |
| -  |                              |      |  |
| 7  | Support for attending        | None |  |
|    | meetings and/or travel       |      |  |
|    |                              |      |  |
|    |                              |      |  |
|    |                              |      |  |
| 8  | Patents planned, issued or   | None |  |
| 0  | pending                      |      |  |
|    | 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 |  |
| 12 | materials, drugs, medical    |      |  |
| 1  |                              |      |  |
|    | writing, gifts or other      |      |  |
|    | services                     |      |  |
| 13 | Other financial or non-      | None |  |
|    | financial interests          |      |  |
|    |                              |      |  |
|    |                              |      |  |

None

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

| Date:2021.8.9  |
|--|
| YourName:Xiao Yu   |
| Manuscript Title:Wogonoside inhibits TNF receptor-associated factor 6 (TRAF6) mediated-tumor microenvironmen |
| and prognosis of pancreatic cancer   |
| 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>.

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|    | in other board, society,     |      |  |
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|    |                              |      |  |
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