| Date:            | <u>_2022-01-18</u>    |                   |                       |                 |                  |             |
|------------------|-----------------------|-------------------|-----------------------|-----------------|------------------|-------------|
| Your Name:       | Ronghua Xu            |                   |                       |                 |                  |             |
| Manuscript Title | :Chinese herbal con   | ponent, Praerupto | rin E, enhances anti- | asthma efficacy | y and prevents t | toxicity of |
| aminophylline b  | y targeting the NF- 1 | B/PXR/CYP3A4 pa   | thwa <u>y</u>         |                 |                  |             |
| Manuscript num   | ber (if known):_ AT   | M-22-386          |                       |                 |                  |             |

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) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 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> | None   |   |
|   |  | 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   |   |

| 5  | Payment or honoraria for                     | None |  |
|----|--|------|--|
|    | lectures, presentations,                     |      |  |
|    | speakers bureaus,                            |      |  |
|    | manuscript writing or                        |      |  |
|    | educational events                           |      |  |
| 6  | Payment for expert<br>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<br>Advisory Board |      |  |
| 10 | Leadership or fiduciary role                 | None |  |
| 10 | 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                          |      |  |
|    |  |      |  |

The authors have no conflicts of interest to declare.

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

| Date:  |                                | 2022-01-18   |  |  |
|--|--------------------------------|--|--|--|
| Your Name:   | Huiming Deng                   |  |  |  |
| Manuscript Title   | Chinese herbal com             | ponent, Praeruptorin E, enhances anti-asthma efficacy and prevents toxicity of |  |  |
| minophylline by targeting the NF- K B/PXR/CYP3A4 pathway |                                |  |  |  |
| Manuscript num   | ber (if known): A <sup>-</sup> | ГМ-22-386  |  |  |

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        | 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 initial | planning of the work                           |
| 1 | All support for the present   | 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      | 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                                |      |  |
| 6  | educational events<br>Payment for expert             | None |  |
| 0  | testimony  |      |  |
|    | cestimony  |      |  |
| 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<br>Advisory Board         |      |  |
| 10 | Leadership or fiduciary role                         | None |  |
| 10 | 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<br>writing, gifts or other |      |  |
|    | services   |      |  |
| 13 | Other financial or non-                              | None |  |
|    | financial interests                                  |      |  |
|    |  |      |  |

The authors have no conflicts of interest to declare.

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

| Date:2022-01-18                |  |
|--------------------------------|--|
| Your Name: <u>Lianfang Gan</u> |  |
| Manuscript Title: Chinese her  | <u>al component, Praeruptorin E, enhances anti-asthma efficacy and</u> |
| prevents toxicity of aminop    | ylline by targeting the NF-kB/PXR/CYP3A4 pathway                       |
| Manuscript number (if known):_ | ATM-22-386   |

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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|   |  | 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) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 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> | None   |   |
|   |  | 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   |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events | None |  |
|----|--|------|--|
| 6  | Payment for expert testimony   | None |  |
| 7  | Support for attending 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 |  |

The authors have no conflicts of interest to declare.

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

| Date:            | 2022-01-18                  |  |
|------------------|-----------------------------|--|
| Your Name:       | Lifan Zhong                 |  |
| Manuscript Title | e: <u>Chinese herbal co</u> | omponent, Praeruptorin E, enhances anti-asthma efficacy and prevents toxicity of |
| aminophylline b  | y targeting the NF-         | ·к B/PXR/CYP3A4 pathway  |
| Manuscript num   | ber (if known):             | ATM-22-386   |

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 | Specifications/Comments<br>(e.g., if payments were made to you or to your |
|---|-------------------------------|---|---|
|   |                               | relationship or indicate                  | institution)  |
|   |                               | none (add rows as                         |   |
|   |                               | needed)                                   |   |
|   |                               | Time frame: Since the initial             | planning of the work  |
| 1 | All support for the present   | 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      | 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<br>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<br>Advisory Board |      |  |
| 10 | Leadership or fiduciary role                 | None |  |
| 10 | 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                          |      |  |
|    |  |      |  |

The authors have no conflicts of interest to declare.

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

| Date:   | 2022-01-18  |            |  |  |  |  |
|---|---|------------|--|--|--|--|
| Your Name:  | Yanxi Deng  |            |  |  |  |  |
| Manuscript Title  | Manuscript Title:Chinese herbal component, Praeruptorin E, enhances anti-asthma efficacy and prevents toxicity of |            |  |  |  |  |
| aminophylline by targeting the NF- K B/PXR/CYP3A4 pathway |   |            |  |  |  |  |
| Manuscript num  | nber (if known): A  | ATM-22-386 |  |  |  |  |

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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) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 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> | None   |   |
|   |  | 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   |   |

| 5  | Payment or honoraria for                             | None |  |
|----|--|------|--|
|    | lectures, presentations,                             |      |  |
|    | speakers bureaus,                                    |      |  |
|    | manuscript writing or                                |      |  |
| 6  | educational events<br>Payment for expert             | None |  |
| 0  | testimony  |      |  |
|    | cestimony  |      |  |
| 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<br>Advisory Board         |      |  |
| 10 | Leadership or fiduciary role                         | None |  |
| 10 | 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<br>writing, gifts or other |      |  |
|    | services   |      |  |
| 13 | Other financial or non-                              | None |  |
|    | financial interests                                  |      |  |
|    |  |      |  |

The authors have no conflicts of interest to declare.

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

| Date:            | <u>2022-01-18</u>    |   |
|------------------|----------------------|---|
| Your Name:       | Qianru Wang          |   |
| Manuscript Title | e: Chinese herbal co | mponent, Praeruptorin E, enhances anti-asthma efficacy and prevents toxicity of |
| aminophylline b  | y targeting the NF-  | к B/PXR/CYP3A4 pathway  |
| Manuscript num   | nber (if known):     | ATM-22-386  |

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) |
|---|-------------------------------|--|---|
|   |                               | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present   | 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      | 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<br>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<br>Advisory Board |      |  |
| 10 | Leadership or fiduciary role                 | None |  |
| 10 | 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                          |      |  |
|    |  |      |  |

The authors have no conflicts of interest to declare.

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

| Date:            | 2022-01-18                       |                |                   |             |         |            | _          |
|------------------|----------------------------------|----------------|-------------------|-------------|---------|------------|------------|
| Your Name:       | Chuanzhu Lv                      |                |                   |             |         |            |            |
| Manuscript Title | :Chinese herbal component, Prae  | eruptorin Ε, ε | enhances anti-ast | hma efficac | y and p | prevents t | oxicity of |
| aminophylline b  | y targeting the NF- K B/PXR/CYP3 | 3A4 pathway    |                   |             |         |            |            |
| Manuscript num   | ber (if known): ATM-22-386       |                |                   |             |         |            |            |

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) |
|---|-------------------------------|--|---|
|   |                               | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present   | 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      | 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 | None |  |
|----|--|------|--|
| 6  | Payment for expert testimony   | None |  |
| 7  | Support for attending 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 |  |

The authors have no conflicts of interest to declare.

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

| Date:   | <u>_2022-01-18</u>      |                      |   |
|---------|-------------------------|----------------------|---|
| Your Na | ame:                    | Ling Huang           |   |
| Manuso  | cript Title: <u>Chi</u> | nese herbal compor   | ent, Praeruptorin E, enhances anti-asthma efficacy and prevents toxicity of |
| aminop  | hylline by tar          | geting the NF- ¤ B/F | XR/CYP3A4 pathway   |
| Manuso  | cript number (          | (if known):_ ATM-22  | -386  |

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        | 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 initial | planning of the work                           |
| 1 | All support for the present   | 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      | 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 | None |  |
|----|--|------|--|
| 6  | Payment for expert testimony   | None |  |
| 7  | Support for attending 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 |  |

The authors have no conflicts of interest to declare.

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