Date:	2022/3/3	
Your Name:	Xiao Tang	
Manuscript Title cost-effectivene		imab combination therapy for relapsed indolent non-Hodgkin lymphoma: a
Manuscript nur	mber (if known):	
In the interest o	of transparency, we ask y	ou to disclose all relationships/activities/interests listed below that are

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

		I			
5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	X None			
	pending				
	F 5.1.4.1.6				
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-	X None			
_	financial interests				
Dloa	Please summarize the above conflict of interest in the following box:				

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	e:2022/3/3					
You	r Name: Xudor	ng Chen				
Mar	nuscript Title: Copanlisib p	olus rituximab combination	therapy for relapsed indolent non-Hodgkin lymphoma: a			
	-effectiveness analysis					
Mar	nuscript number (if known):					
rela part to to rela The	ted to the content of your miles whose interests may be ransparency and does not not interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. s/activities/interests as they relate to the current			
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.			
	em #1 below, report all sup time frame for disclosure is	<u> </u>	in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
	whom you have this relationship or indicate none (add rows as needed) (e.g., if payments were made to you or to your institution)					
		Time frame: Since the initial	planning of the work			
1	All support for the present	XNone				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article processing charges, etc.)					
	No time limit for this item.					

Time frame: past 36 months

X_None

X__None

X__None

Grants or contracts from any entity (if not indicated

in item #1 above).

Royalties or licenses

Consulting fees

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5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNone	
	,		
7	Support for attending	X None	
	meetings and/or travel		
	g ,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
40			
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		

None			

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

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

Date:	2022/3/3	
Your Name:	Tiantian Zhai	ng
	tle: Copanlisib plus ritoness analysis	uximab combination therapy for relapsed indolent non-Hodgkin lymphoma: a
Manuscript nu	umber (if known):	
related to the	content of your manusc	you to disclose all relationships/activities/interests listed below that are ript. "Related" means any relation with for-profit or not-for-profit third
•	•	ed by the content of the manuscript. Disclosure represents a commitment
-	•	rily indicate a bias. If you are in doubt about whether to list a
relationship/a	ictivity/interest, it is pref	erable 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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		I	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
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	in item #1 above).		
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5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNone	
	,		
7	Support for attending	X None	
	meetings and/or travel		
	ζ ,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
40			
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		

None			

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

Date:	:2022/3/3		
	Name: Jie Jia		
Manu	uscript Title: Copanlisib p	olus rituximab combinatio	on therapy for relapsed indolent non-Hodgkin lymphoma: a
cost-e	effectiveness analysis		
Manu	uscript number (if known):		
relate partie to tra	ed to the content of your n es whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. If you are in doubt about whether to list a so.
	ollowing questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to the	• •	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	m #1 below, report all sup ime frame for disclosure is	=	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initial	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	

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Consulting fees

X__None

-		V N	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
	meetings and, or traver		
8	Patents planned, issued or	X None	
٥	pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V News	
13	Other financial or non- financial interests	XNone	
	imancial interests		

None			

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