| Date:May 23, 2023 |
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| Your Name:Lili Kong |
| Manuscript Title:Effect of wrist-ankle acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| elderly patients undergoing urologic surgery |
| 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 manuscript only</u>.

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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 | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article processing charges, etc.) | | |
| | No time limit for this item. | | |
| | The time initial terms term. | | |
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| | | Time frame: past | 26 months |
| 2 | Grants or contracts from | None | 30 months |
| _ | any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | , | | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, | None | | |
|------|---|-------------------------------|--------------|--|
| | speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| - | C 15 11 12 | A. | | |
| 7 | Support for attending meetings and/or travel | None | | |
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| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| 0 | 5 | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
| -10 | | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid | Nege | | |
| 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 | | | |
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| Pاح | vase summarize the above c | onflict of interest in the fo | llowing hox: | |
| , ,, | Please summarize the above conflict of interest in the following box: | | | |

| The author has no conflicts of interest to declare. | |
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| ate:May 23, 2023 |
|--|
| our Name:Yuexia Ma |
| lanuscript Title:Effect of wrist-ankle acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| derly patients undergoing urologic surgery |
| lanuscript 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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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. | | |
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| 2 | Curanta an acustus ata fua ua | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, | None | | |
|------|---|-------------------------------|--------------|--|
| | speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| - | C 15 11 12 | A. | | |
| 7 | Support for attending meetings and/or travel | None | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| 0 | 5 | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
| -10 | | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid | Nege | | |
| 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 | | | |
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| Pاح | vase summarize the above c | onflict of interest in the fo | llowing hox: | |
| , ,, | Please summarize the above conflict of interest in the following box: | | | |

| The author has no conflicts of interest to declare. | |
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| Date:May 23, 2023 | |
|--|---|
| Your Name:Qinxian Wang | |
| Manuscript Title:Effect of wrist-ankle | e acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| elderly patients undergoing urologic | surgery |
| Manuscript number (if known): | |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article processing charges, etc.) | | |
| | No time limit for this item. | | |
| | The time initial terms term. | | |
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| | | Time frame: past | 26 months |
| 2 | Grants or contracts from | None | 30 months |
| _ | any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, | None | | |
|------|---|-------------------------------|--------------|--|
| | speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| - | C 15 11 12 | A. | | |
| 7 | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
| -10 | | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid | Nege | | |
| 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 | | | |
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| Pاح | vase summarize the above c | onflict of interest in the fo | llowing hox: | |
| , ,, | Please summarize the above conflict of interest in the following box: | | | |

| The author has no conflicts of interest to declare. | |
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| Date:May 23, 2023 |
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| Your Name:Tao He |
| Manuscript Title:Effect of wrist-ankle acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| elderly patients undergoing urologic surgery |
| 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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 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. | | |
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| 2 | Curanta an acustus ata fua ua | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, | None | | |
|------|---|-------------------------------|--------------|--|
| | speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| - | C 15 11 12 | A. | | |
| 7 | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
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| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid | Nege | | |
| 11 | Stock or stock options | None | | |
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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 | | | |
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| Pاح | vase summarize the above c | onflict of interest in the fo | llowing hox: | |
| , ,, | Please summarize the above conflict of interest in the following box: | | | |

| The author has no conflicts of interest to declare. | | |
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| Date:May 23, 2023 |
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| Your Name:Zhe Xu |
| Manuscript Title: Effect of wrist-ankle acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| elderly patients undergoing urologic surgery |
| Manuscript number (if known): |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| 1 | All support for the present manuscript (e.g., funding, | None | |
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| | processing charges, etc.) No time limit for this item. | | |
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| 2 | Curanta an acustus ata fua ua | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, | None | | |
|------|---|-------------------------------|--------------|--|
| | speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| - | C 15 11 12 | A. | | |
| 7 | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| 0 | 5 | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
| -10 | | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid | Nege | | |
| 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 | | | |
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| Pاح | vase summarize the above c | onflict of interest in the fo | llowing hox: | |
| , ,, | Please summarize the above conflict of interest in the following box: | | | |

| The author has no conflicts of interest to declare. | | |
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| Date:May 23, 2023 |
|---|
| Your Name:Zhixia Lu |
| Manuscript Title: Effect of wrist-ankle acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| elderly patients undergoing urologic surgery |
| Manuscript number (if known): |

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| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
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| 2 | Curanta an acustus ata fua ua | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated | None | |
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| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, | None | | |
|------|---|-------------------------------|--------------|--|
| | speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| - | C 15 11 12 | A. | | |
| 7 | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| 0 | 5 | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
| -10 | | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid | Nege | | |
| 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 | | | |
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| Pاح | vase summarize the above c | onflict of interest in the fo | llowing hox: | |
| , ,, | Please summarize the above conflict of interest in the following box: | | | |

| The author has no conflicts of interest to declare. | | |
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| ate:May 23, 2023 |
|--|
| our Name:Na Zhou |
| lanuscript Title:Effect of wrist-ankle acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| derly patients undergoing urologic surgery |
| lanuscript number (if known): |

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|---|---|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article | None | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | 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 | |
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| | | | |
| 4 | Consulting fees | None | |
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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 | Comment for attending | News | | |
| 7 | Support for attending meetings and/or travel | None | | |
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| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
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| 9 | Participation on a Data 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, materials, drugs, medical | None | | |
| | | | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
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| The author has no conflicts of interest to declare. | | |
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| Date:May 23, 2023 |
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| our Name:Wei Hao |
| Manuscript Title:Effect of wrist-ankle acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| elderly patients undergoing urologic surgery |
| 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 lectures, presentations, | None | | |
|-----|---|-------------------------------|--------------|--|
| | speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| 7 | Command for additional to a | Name | | |
| / | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
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| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
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| Ple | ease summarize the above c | onflict of interest in the fo | llowing box: | |
| | rease summarize the above connect of interest in the following box. | | | |

| The author has no conflicts of interest to declare. |
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| Pate:May 23, 2023 |
|--|
| our Name:Yanhong Li |
| Nanuscript Title:Effect of wrist-ankle acupuncture on propofol dosage under the dual monitoring of DSA and Ai in |
| Iderly patients undergoing urologic surgery |
| /lanuscript 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 | Curanta an acustus ata fua ua | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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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 | Comment for attending | News | | |
| 7 | Support for attending meetings and/or travel | None | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data 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, materials, drugs, medical | None | | |
| | | | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
| | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | | | | |

| The author has no conflicts of interest to declare. | | |
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