Date: <u>Mar. 24<sup>th</sup>, 2021</u> Your Name: <u>Xu Tian</u>

Manuscript Title: The use of mindfulness-based stress reduction (MBSR) for lung cancer patients: protocol for a

systematic review and meta-analysis

Manuscript number (if known): <u>APM-21-194</u>

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 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 plannin   | g of the work  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | Grant from the Technological Innovation and Demonstrational Application Project of Chongqing Science and Technology Bureau (project no. cstc2018jscx- msybX0030). | The founder has no role in the study design, decision to publish or preparation of the protocol. |
|   |   | Chongqing Natural Science Foundation (project no. cstc2018jcyjAX0737s).   | The founder has no role in the study design, decision to publish or preparation of the protocol. |
|   |   | Time frame: past 36 mon   | ths  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone   |  |
| 3 | Royalties or licenses   | XNone   |  |

| 4    | Consulting fees                                       | XNone                         |                        |
|------|---|-------------------------------|------------------------|
|      |   |                               |                        |
|      |   |                               |                        |
| 5    | Payment or honoraria for                              | X_None                        |                        |
|      | lectures, presentations, speakers bureaus,            |                               |                        |
|      | manuscript writing or                                 |                               |                        |
|      | educational events                                    |                               |                        |
| 6    | Payment for expert                                    | X None                        |                        |
|      | testimony   |                               |                        |
|      |   |                               |                        |
| 7    | Support for attending                                 | XNone                         |                        |
|      | meetings and/or travel                                |                               |                        |
|      |   |                               |                        |
|      |   |                               |                        |
|      |   |                               |                        |
| 8    | Patents planned, issued or                            | XNone                         |                        |
|      | pending   |                               |                        |
|      |   |                               |                        |
| 9    | Participation on a Data                               | XNone                         |                        |
|      | Safety Monitoring Board or                            |                               |                        |
| 4.0  | Advisory Board  | V N                           |                        |
| 10   | Leadership or fiduciary role in other board, society, | XNone                         |                        |
|      | committee or advocacy                                 |                               |                        |
|      | group, paid or unpaid                                 |                               |                        |
| 11   | Stock or stock options                                | X None                        |                        |
|      | Stock of Stock options                                |                               |                        |
|      |   |                               |                        |
| 12   | Receipt of equipment,                                 | X None                        |                        |
|      | materials, drugs, medical                             |                               |                        |
|      | writing, gifts or other                               |                               |                        |
|      | services  |                               |                        |
| 13   | Other financial or non-                               | XNone                         |                        |
|      | financial interests                                   |                               |                        |
|      |   |                               |                        |
|      |   |                               |                        |
| DI   |   | uflict of interest in the fel | lauring have           |
| riea | ise summarize the above co                            | muct of interest in the fol   | iomilik nox:           |
| N    | lone.   |                               |                        |
| '    | None.   |                               |                        |
|      |   |                               |                        |
|      |   |                               |                        |
| Plea | se place an "X" next to the                           | following statement to in     | dicate vour agreement: |

Date: <u>Mar. 24<sup>th</sup>, 2021</u> Your Name: <u>Zhao-Li Zhang</u>

Manuscript Title: The use of mindfulness-based stress reduction (MBSR) for lung cancer patients: protocol for a

systematic review and meta-analysis

Manuscript number (if known): <u>APM-21-194</u>

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

| 4    | Consulting fees   | XNone  |  |  |
|------|---|--------|--|--|
| 5    | Payment or honoraria for  | X None |  |  |
|      | lectures, presentations,  |        |  |  |
|      | speakers bureaus,<br>manuscript writing or                            |        |  |  |
|      | educational events  |        |  |  |
| 6    | Payment for expert testimony  | XNone  |  |  |
|      | testimony   |        |  |  |
| 7    | Support for attending meetings and/or travel                          | XNone  |  |  |
|      |   |        |  |  |
|      |   |        |  |  |
| 8    | Patents planned, issued or  | XNone  |  |  |
|      | pending   |        |  |  |
| 9    | Participation on a Data   | XNone  |  |  |
|      | Safety Monitoring Board or  |        |  |  |
| 10   | Advisory Board  Leadership or fiduciary role                          | XNone  |  |  |
| 10   | in other board, society,  |        |  |  |
|      | committee or advocacy group, paid or unpaid                           |        |  |  |
| 11   | Stock or stock options  | XNone  |  |  |
|      |   |        |  |  |
| 12   | Receipt of equipment,   | X None |  |  |
|      | materials, drugs, medical   |        |  |  |
|      | writing, gifts or other services                                      |        |  |  |
| 13   | Other financial or non-   | XNone  |  |  |
|      | financial interests   |        |  |  |
|      |   |        |  |  |
| Plea | Please summarize the above conflict of interest in the following box: |        |  |  |
| N    | None.   |        |  |  |

Date: Mar. 24<sup>th</sup>, 2021 Your Name: Yan-Fei Jin

Manuscript Title: The use of mindfulness-based stress reduction (MBSR) for lung cancer patients: protocol for a

systematic review and meta-analysis

Manuscript number (if known): <u>APM-21-194</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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | X_None   |   |
| 3 | Royalties or licenses   | XNone  |   |
|   |   |  |   |
|   |   |  |   |

| 4    | Consulting fees   | XNone  |  |  |
|------|---|--------|--|--|
| 5    | Payment or honoraria for  | X None |  |  |
|      | lectures, presentations,  |        |  |  |
|      | speakers bureaus,<br>manuscript writing or                            |        |  |  |
|      | educational events  |        |  |  |
| 6    | Payment for expert testimony  | XNone  |  |  |
|      | testimony   |        |  |  |
| 7    | Support for attending meetings and/or travel                          | XNone  |  |  |
|      |   |        |  |  |
|      |   |        |  |  |
| 8    | Patents planned, issued or  | XNone  |  |  |
|      | pending   |        |  |  |
| 9    | Participation on a Data   | XNone  |  |  |
|      | Safety Monitoring Board or  |        |  |  |
| 10   | Advisory Board  Leadership or fiduciary role                          | XNone  |  |  |
| 10   | in other board, society,  |        |  |  |
|      | committee or advocacy group, paid or unpaid                           |        |  |  |
| 11   | Stock or stock options  | XNone  |  |  |
|      |   |        |  |  |
| 12   | Receipt of equipment,   | X None |  |  |
|      | materials, drugs, medical   |        |  |  |
|      | writing, gifts or other services                                      |        |  |  |
| 13   | Other financial or non-   | XNone  |  |  |
|      | financial interests   |        |  |  |
|      |   |        |  |  |
| Plea | Please summarize the above conflict of interest in the following box: |        |  |  |
| N    | None.   |        |  |  |

Date: Mar. 24<sup>th</sup>, 2021 Your Name: Hui Chen

Manuscript Title: The use of mindfulness-based stress reduction (MBSR) for lung cancer patients: protocol for a

systematic review and meta-analysis

Manuscript number (if known): <u>APM-21-194</u>

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 (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | X_None   |   |
| 3 | Royalties or licenses   | XNone  |   |
|   |   |  |   |
|   |   |  |   |

| 4    | Consulting fees   | XNone  |  |  |
|------|---|--------|--|--|
| 5    | Payment or honoraria for  | X None |  |  |
|      | lectures, presentations,  |        |  |  |
|      | speakers bureaus,<br>manuscript writing or                            |        |  |  |
|      | educational events  |        |  |  |
| 6    | Payment for expert testimony  | XNone  |  |  |
|      | testimony   |        |  |  |
| 7    | Support for attending meetings and/or travel                          | XNone  |  |  |
|      |   |        |  |  |
|      |   |        |  |  |
| 8    | Patents planned, issued or  | XNone  |  |  |
|      | pending   |        |  |  |
| 9    | Participation on a Data   | XNone  |  |  |
|      | Safety Monitoring Board or  |        |  |  |
| 10   | Advisory Board  Leadership or fiduciary role                          | XNone  |  |  |
| 10   | in other board, society,  |        |  |  |
|      | committee or advocacy group, paid or unpaid                           |        |  |  |
| 11   | Stock or stock options  | XNone  |  |  |
|      |   |        |  |  |
| 12   | Receipt of equipment,   | X None |  |  |
|      | materials, drugs, medical   |        |  |  |
|      | writing, gifts or other services                                      |        |  |  |
| 13   | Other financial or non-   | XNone  |  |  |
|      | financial interests   |        |  |  |
|      |   |        |  |  |
| Plea | Please summarize the above conflict of interest in the following box: |        |  |  |
| N    | None.   |        |  |  |

Date: Mar. 24th, 2021

Your Name: Maria F. Jiménez-Herrera

Manuscript Title: The use of mindfulness-based stress reduction (MBSR) for lung cancer patients: protocol for a

systematic review and meta-analysis

Manuscript number (if known): <u>APM-21-194</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 (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. |  |   |
|   | No time minic 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  |  |  |
|------|---|--------|--|--|
| 5    | Payment or honoraria for  | X None |  |  |
|      | lectures, presentations,  |        |  |  |
|      | speakers bureaus,<br>manuscript writing or                            |        |  |  |
|      | educational events  |        |  |  |
| 6    | Payment for expert testimony  | XNone  |  |  |
|      | testimony   |        |  |  |
| 7    | Support for attending meetings and/or travel                          | XNone  |  |  |
|      |   |        |  |  |
|      |   |        |  |  |
| 8    | Patents planned, issued or  | XNone  |  |  |
|      | pending   |        |  |  |
| 9    | Participation on a Data   | XNone  |  |  |
|      | Safety Monitoring Board or  |        |  |  |
| 10   | Advisory Board  Leadership or fiduciary role                          | XNone  |  |  |
| 10   | in other board, society,  |        |  |  |
|      | committee or advocacy group, paid or unpaid                           |        |  |  |
| 11   | Stock or stock options  | XNone  |  |  |
|      |   |        |  |  |
| 12   | Receipt of equipment,   | X None |  |  |
|      | materials, drugs, medical   |        |  |  |
|      | writing, gifts or other services                                      |        |  |  |
| 13   | Other financial or non-   | XNone  |  |  |
|      | financial interests   |        |  |  |
|      |   |        |  |  |
| Plea | Please summarize the above conflict of interest in the following box: |        |  |  |
| N    | None.   |        |  |  |