Date:11/8/2021 Your Name: Yanfeng Lin Manuscript Title: The influence of olfactory dysfunction on risk of malnutrition is mediated by depressive symptoms i cancer patients undergoing chemotherapy 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.

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.

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2	Grants or contracts from	None	
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	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
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5	Payment or honoraria for lectures, presentations,	None		
	speakers bureaus,			
	manuscript writing or			
	educational events	A.I		
6	Payment for expert testimony	None		
	testimony			
7	Support for attending	None		
,	meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy	None		
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
13	services Other financial or non-	None		
13	financial interests	None		
	Please summarize the above conflict of interest in the following box:  None			

Date:	_11/8/2021
Your Name:	: Xiaocong Jiang
Manuscript	Title: The influence of olfactory dysfunction on risk of malnutrition is mediated by depressive symptoms in
cancer patie	ents undergoing chemotherapy
Manuscript	number (if known):

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2	Grants or contracts from	None	30 months
_	any entity (if not indicated 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	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
•	5	<b>N</b> 1		
9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
10	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	None		
	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
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Yo Ma cai	te:11/8/2021 ur Name: Xinmei H anuscript Title: The influence ncer patients undergoing che anuscript number (if known)	e of olfactory dysfunction of emotherapy	on risk of malnutrition is mediated by depressive sympto	 oms in
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensiv the manuscript. d in this manuscript without time limit. For all other ite	re
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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.	None		

Time frame: past 36 months

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None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

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	writing, gifts or other services			
13	Other financial or non-	None		
	financial interests			
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Da	te:11/8/2021			
Yo	ur Name: Yifan Lv	7		
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rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer If you are in doubt about whether to list a o so.	
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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
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L	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.	None		

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13	Other financial or non-	None		
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