

ICMJE DISCLOSURE FORM

Date: Jan 17 2022
 Your Name: Qing Zhang
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 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 current manuscript only.

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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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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.	None	
Time frame: past 36 months			
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, speakers bureaus, manuscript writing or 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 Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Zhang has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Jan 18 2022
 Your Name: Zhen Li
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Li has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Jan 18 2022
 Your Name: Yujie Hou
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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Please summarize the above conflict of interest in the following box:

Dr. Hou has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: Jan 18 2022
 Your Name: Huibing Dang
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Dang has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Jianling Chen
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Chen has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Lixin Liang
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Liang has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Qian Wang
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Jan 19 2022

Your Name: Changsong Cao

Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Huifang Zhao
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
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ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Ruirui Gui
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
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Dr. Gui has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Yingling Zu
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
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Dr. Zu has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Jian Zhou
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
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ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Fengkuan Yu
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or 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 Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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Dr. Yu has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Juan wang
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Yongping Song
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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Dr. Song has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: Jan 19 2022
 Your Name: Yanli Zhang
 Manuscript Title: Impact of disease management on treatment effectiveness and quality of life in Chinese patients with chronic myeloid leukemia in the tyrosine kinase inhibitor era
 Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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