| Date:                      | :2022/9/  | 16   |  |
|----------------------------|---|--|--|
|                            | Name:Jiac   |  |  |
| Manu<br>surgi              | uscript Title: Safety and efical resection in patients v                            | fectiveness of neoadjuvant<br>with stage I–IIIA small-cell | immunotherapy combined with chemotherapy followed by<br>lung cancer: a retrospective single-arm clinical trial   |
| relate<br>partie<br>to tra | ed to the content of your<br>es whose interests may be<br>ansparency and does not i | manuscript. "Related" mea<br>e affected by the content o   | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
|                            | following questions apply uscript only.   | to the author's relationshi                                | ps/activities/interests as they relate to the current  |
| to the<br>medi             | e epidemiology of hyperto<br>ication, even if that medic                            | ension, you should declare ation is not mentioned in t     | •  |
|                            | em #1 below, report all su<br>ime frame for disclosure i                            | •  | 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 initia                               | 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).

Consulting fees

Royalties or licenses

X\_\_None

X\_\_None

3

| 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 meetings and/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | 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  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | XNone  |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | maricial interests                           |        |  |
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| None |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:              | 2022/9/16                       |  |
|--------------------|---------------------------------|--|
| Your Name:         | Luming Wang                     | g  |
| surgical resection | n in patients with stag         | ess of neoadjuvant immunotherapy combined with chemotherapy followed by e I–IIIA small-cell lung cancer: a retrospective single-arm clinical trial |
| ·                  | ,                               |  |
| lu the interest of | ******************************* | you to disclose all valationships (activities (interests listed halow 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.

|   |   | 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                             | XNone  |   |
|   | manuscript (e.g., funding,                              |  |   |
|   | provision of study materials,                           |  |   |
|   | medical writing, article                                |  |   |
|   | processing charges, etc.)  No time limit for this item. |  |   |
|   | No time mint for this item.                             |  |   |
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|   |   | Time from a nest   | 2C months   |
|   |   | 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 lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert   | XNone   |  |
|    | testimony  |         |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued or                                       | XNone   |  |
|    | pending  |         |  |
| 9  | Participation on a Data  | X None  |  |
| ,  | Safety Monitoring Board or                                       | XNone   |  |
|    | 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   |  |
|    |  |         |  |
| 12 | Descipt of anythment   | V. Nana |  |
| 12 | Receipt of equipment, materials, drugs, medical                  | XNone   |  |
|    | writing, gifts or other services                                 |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |
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| None |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:                  | 2022/9/16                 |  |
|------------------------|---------------------------|--|
| Your Name:             | Wenbo Shu_                |  |
| <b>Manuscript Titl</b> | e: Safety and effectivene | ss of neoadjuvant immunotherapy combined with chemotherapy followed by       |
|                        |                           | EI—IIIA small-cell lung cancer: a retrospective single-arm clinical trial    |
| In the interest        | of transparency, we ask   | you to disclose all relationships/activities/interests listed below that are |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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 lectures, presentations,                | XNone   |  |
|----|--|---------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |
| 6  | Payment for expert   | XNone   |  |
|    | testimony  |         |  |
| 7  | Support for attending meetings and/or travel                     | XNone   |  |
|    |  |         |  |
|    |  |         |  |
| 8  | Patents planned, issued or                                       | XNone   |  |
|    | pending  |         |  |
| 9  | Participation on a Data  | X None  |  |
| ,  | Safety Monitoring Board or                                       | XNone   |  |
|    | 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   |  |
|    |  |         |  |
| 12 | Descipt of anythment   | V. Nana |  |
| 12 | Receipt of equipment, materials, drugs, medical                  | XNone   |  |
|    | writing, gifts or other services                                 |         |  |
| 13 | Other financial or non-  | XNone   |  |
|    | financial interests  |         |  |
|    |  |         |  |
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| None |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:             | 2022/9/16   |       |
|-------------------|---|-------|
| Your Name:        | Lichen Zhang  |       |
|                   | afety and effectiveness of neoadjuvant immunotherapy combined with chemotherapy follo   |       |
|                   | n patients with stage I–IIIA small-cell lung cancer: a retrospective single-arm clinical trial<br>r (if known):   | l<br> |
| related to the co | ansparency, we ask you to disclose all relationships/activities/interests listed below that ent of your manuscript. "Related" means any relation with for-profit or not-for-profit thirests may be affected by the content of the manuscript. Disclosure represents a commitment of the manuscript. | rd    |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 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                     | XNone  |  |
|----|--|--------|--|
|    | lectures, presentations,                     |        |  |
|    | speakers bureaus,                            |        |  |
|    | manuscript writing or                        |        |  |
|    | educational events                           |        |  |
| 6  | Payment for expert                           | 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                   |        |  |
|    | 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  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | XNone  |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | a. interests                                 |        |  |
|    |  |        |  |
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| None |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:              | 2022/9/16               |   |
|--------------------|-------------------------|---|
| Your Name:         | Yiqing Wang_            |   |
| surgical resection | n in patients with stag | ess of neoadjuvant immunotherapy combined with chemotherapy followed by<br>e I–IIIA small-cell lung cancer: a retrospective single-arm clinical trial |
| Manuscript num     | ber (if known):         |   |
| :                  | <b></b>                 | vente disclose all veletionaline (estivities /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.

|   |   | 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) |
|---|---|--|---|
| 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. | Time frame: Since the initial XNone  | planning of the work  |
|   |   | 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                     | XNone  |  |
|----|--|--------|--|
|    | lectures, presentations,                     |        |  |
|    | speakers bureaus,                            |        |  |
|    | manuscript writing or                        |        |  |
|    | educational events                           |        |  |
| 6  | Payment for expert                           | 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                   |        |  |
|    | 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  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | XNone  |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | maricial interests                           |        |  |
|    |  |        |  |
|    |  |        |  |

| None |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:              | 2022/9/16                |   |
|--------------------|--------------------------|---|
| Your Name:         | Wang Lv                  |   |
| Manuscript Title   | Safety and effectiver    | ness of neoadjuvant immunotherapy combined with chemotherapy followed by    |
| surgical resection | on in patients with stag | ge I–IIIA small-cell lung cancer: a retrospective single-arm clinical trial |
| Manuscript num     | nber (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>.

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                     | XNone  |  |
|----|--|--------|--|
|    | lectures, presentations,                     |        |  |
|    | speakers bureaus,                            |        |  |
|    | manuscript writing or                        |        |  |
|    | educational events                           |        |  |
| 6  | Payment for expert                           | 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                   |        |  |
|    | 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  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | XNone  |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | maricial interests                           |        |  |
|    |  |        |  |
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| None |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:            | 2022/9/16              |  |
|------------------|------------------------|--|
| Your Name:       | Linhai Zhu             |  |
| Manuscript Title | Safety and effectivene | ess of neoadjuvant immunotherapy combined with chemotherapy followed by    |
|                  | -                      | e I–IIIA small-cell lung cancer: a retrospective single-arm clinical trial |
| Manuscript nun   | nber (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>.

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                            | 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  |   |
|   |  |  |   |

| 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 meetings and/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | 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  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | XNone  |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
|    | financial interests                          |        |  |
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| None |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:            | 2022/9/16            |   |
|------------------|----------------------|---|
| Your Name:       | Jian Hu              |   |
| Manuscript Title | Safety and effective | ness of neoadjuvant immunotherapy combined with chemotherapy followed by    |
|                  |                      | ge I–IIIA small-cell lung cancer: a retrospective single-arm clinical trial |
| Manuscript nun   | nber (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>.

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                            | 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  |   |
|   |  |  |   |

| 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 meetings and/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | 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  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | XNone  |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
|    | financial interests                          |        |  |
|    |  |        |  |
|    |  |        |  |
|    |  |        |  |

| None |
|------|
|      |
|      |
|      |
|      |

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