Date:March 10,2023	-						
Your Name:	ving Huang	ferent hemorrhage outcomes for non—small cell lung					
Manuscript Title: IRF7 a	and IFIT2 in mediating did	CI CHE HOLL					
cancer after bevacizumal	treatment						
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related to the content of you	be affected by the content of t necessarily indicate a bias.	relationships/activities/interests listed below that are ns 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.					
		os/activities/interests as they relate to the current					
The author's relationships/acto the epidemiology of hypermedication, even if that medi	tension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.					
In item #1 below, report all su the time frame for disclosure	pport for the work reported is the past 36 months.	d in this manuscript without time limit. For all other items,					
	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)					
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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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Grants or contracts from any entity (if not indicated	√None	t .					

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X I certify that I have answered every question and have not altered the wording of any of the question

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The following questions applemanuscript only.	y to the author's relationship	os/activities/interests as they relate to the <u>current</u>
to the epidemiology of hyper medication, even if that medi	tension, you should declare ication is not mentioned in t upport for the work reported	all relationships with managed as a
	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)
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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	
Contract from	Time frame: pas	t 36 months
Grants or contracts from any entity (if not indicated in item #1 above).		

-	Royalties or licenses	√ None	
3	Royalties of licenses		
4	Consulting fees	\None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	√None	
6	Payment for expert testimony		
7	Support for attending meetings and/or travel	√None	
	Patents planned, issued or pending	√None	
	Participation on a Data Safety Monitoring Board or Advisory Board	√None	
)	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
	Stock or stock options		
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	
1	Other financial or non- financial interests		

Please summarize the above conflict of interest in the follow	ving box:
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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.

Date:March 10,2023	-	
Your Name: Dan 9i (lian	
		forent hemorrhage outcomes for non-small cell lung
Manuscript Title: IRF7 a	nd IFII 2 in mediating dir	erene nemos surg
Manuscript Title:IRF7 and IFIT2 in mediating different hemorrhage outcomes for non—small cell lung cancer after bevacizumab treatment 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 thing 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 nanuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains or the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive edication, even if that medication is not mentioned in the manuscript. Item #1 below, report all support for the work reported in this manuscript without time limit. For all other item to time frame for disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work (e.g., if payments were made to you or to your institution) (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None		
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The following questions applemanuscript only.	y to the author's relationshi	ps/activities/interests as they relate to the current
to the epidemiology of hyper	tension, you should declare	all relationships with manufacturers of antihypertensive
		d in this manuscript without time limit. For all other items,
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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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any entity (if not indicated	None	
in item #1 above).		

3	Royalties or licenses	_ / _None	
4	Consulting fees		
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	
3	Patents planned, issued or pending	√None	
)	Participation on a Data Safety Monitoring Board or Advisory Board	√None	
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
1	Stock or stock options	√None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	· ·
- 1	Other financial or non- financial interests	√None	

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

None

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 form.

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		and the second of the second o	√ None	
	3	Royalties or licenses		
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H	5	Payment or honoraria for	\None	
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1		speakers bureaus,		
1		manuscript writing or educational events		
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6		testimony		
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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 or form.

	Date:March 10,2023			
	Your Name: DuD	Wang		
	Your Name:	J	to a cuttomes for non-small cell lung	
	Manuscript Title: IRF7 at	nd IFIT2 in mediating diff	ferent hemorrhage outcomes for non-small cell lung	
	cancer after bevacizumab	treatment		
	Manuscript number (if know	n):		
	related to the content of your	r manuscript. "Related" mea be affected by the content o necessarily indicate a bias.	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.	
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	The author's relationships/act to the epidemiology of hypert medication, even if that medic	tension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
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ı	ne time frame for disclosure i	is the past 50 months.		
		Name all entities with	Specifications/Comments (e.g., if payments were made to you or to your	
		whom you have this relationship or indicate	institution)	
		none (add rows as	matrices, y	
		needed)		
Š	100 B 17 B 18	Time frame: Since the initia	I planning of the work	
	All support for the present	√ None		
	manuscript (e.g., funding,			
	provision of study materials,			
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	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
	Grants or contracts from			
	any entity (if not indicated			
	in item #1 above).	1 10	Table 1	1

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_	Royalties or licenses		None	
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4	Consulting fees		None	
7				
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		_None	
5	Payment for expert testimony		None	
	Support for attending meetings and/or travel		None	
	Patents planned, issued or pending	√_	None	
	Participation on a Data Safety Monitoring Board or Advisory Board	√ _	_None	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√ _	None	_
	Stock or stock options		_None	
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services		_None	
100	Other financial or non- inancial interests		None	

Please summarize the above co	nflict of interest in the following box:	
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None	No.	

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 t form.

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security number (if know	rn):	
In the interest of transparent related to the content of you parties whose interests may to transparency and does not relationship/activity/interest	cy, we ask you to disclose all r or manuscript. "Related" mean be affected by the content of t necessarily indicate a bias. c, it is preferable that you do	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a
The following questions apply	y to the author's relationship	s/activities/interests as they relate to the current
manuscript only. The author's relationships/act to the epidemiology of hypert medication, even if that medi	tivities/interests should be g tension, you should declare cation is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	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)
THE PERSON NAMED IN	Time frame: Since the initia	planning of the work
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: pas	t 36 months
Grants or contracts from any entity (if not indicated in item #1 above).	√None	

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3	Royalties or licenses		
4	Consulting fees	√None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony		
7	Support for attending meetings and/or travel		
	Patents planned, issued or pending	√None	
S	Participation on a Data afety Monitoring Board or dvisory Board	√None	
in co	eadership or fiduciary role other board, society, mmittee or advocacy oup, paid or unpaid	√None	
	ock or stock options	√None	
mate	eipt of equipment, erials, drugs, medical ing, gifts or other ices	√None	
	r financial or non- cial interests	√None	

•	Please summarize the above conflict of interest in the following box:	
27	None	

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.

Date:March 10,2023		
Your Name: Liang N	ling	c and cell lung
Manuscript Title: IRF7 a	nd IFIT2 in mediating differ	rent hemorrhage outcomes for non—small cell lung
cancer after bevacizumab	treatment	
Manuscript number (if know	n):	
related to the content of you	r manuscript. "Related" mean: be affected by the content of t necessarily indicate a bias. If	elationships/activities/interests listed below that are is any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment fyou are in doubt about whether to list a
The following questions apply manuscript only.	to the author's relationships	s/activities/interests as they relate to the current
The author's relationships/actor to the epidemiology of hypert medication, even if that medication	tension, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
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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)
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Grants or contracts from any entity (if not indicated in item #1 above).	√None	

	3	Royalties or licenses	_ J_None	
	4	Consulting fees	\None	
	5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	\None	
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)	Saf	rticipation on a Data ety Monitoring Board or visory Board	√None	
)	in o	dership or fiduciary role ther board, society, mittee or advocacy p, paid or unpaid	√None	
		or stock options	√None	211-01 ACR 275 (278 Cardell)
	mater writin	pt of equipment, ials, drugs, medical g, gifts or other		
_	Service	financial or non-	√ None	
		al interests		

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None

_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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to the epidemiology of hyper medication, even if that medi	cation is not mentioned in t ipport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,
	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 initia	l planning of the work
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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Grants or contracts from any entity (if not indicated in item #1 above).	√None	

Consulting fees	√ None	
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Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	√None	
Payment for expert testimony	None	
Support for attending meetings and/or travel	√None	
Patents planned, issued or pending	√None	
Participation on a Data Safety Monitoring Board or Advisory Board	√None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
Stock or stock options	√None	
Receipt of equipment, materials, drugs, medical writing, gifts or other ervices	√None	
Other financial or non- inancial interests	√None	
e summarize the above co	onflict of interest in the fo	llowing box:
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	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical vriting, gifts or other ervices Other financial or non-mancial interests	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical vriting, gifts or other ervices Other financial or non-nancial interests e summarize the above conflict of interest in the formal carbon speakers by the financial or non-nancial interests

X I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

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Date:March 10,2023	7,04	
Vaur Name:	Leynon Zhou	u sell lung
Your Name	v - 4: a diffe	erent hemorrhage outcomes for non—small cell lung
Manuscript Title: IRF7 a	nd IFIT2 in mediating diffe	ci circ nomo.
cancer after bevacizumab	treatment	
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The following questions apply manuscript only.	to the author's relationship	s/activities/interests as they relate to the <u>current</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)
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processing charges, etc.)		
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3	Royalties or licenses	\None		
4	Consulting fees			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	√None		
6	Payment for expert testimony			
7	Support for attending meetings and/or travel			
	Patents planned, issued or pending			
15	Participation on a Data Safety Monitoring Board or Advisory Board	√None		
O L	eadership or fiduciary role other board, society, ommittee or advocacy roup, paid or unpaid	√None		
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X I certify that I have answered every question and have not altered the wording of any of the question.