| Dat        | e:2023/   | 10/23  |   |
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|            | ır Name: M  |  |   |
| Mar        | nuscript Title: The e   | efficacy and safety of p   | ercutaneous CT-guided iodine-125 brachytherapy  |
| con        | ibined with standard che  | emotherapy and brach   | ytherapy alone for lung malignant nodule: a   |
| retr       | ospective comparative c   | ohort study  |   |
| Mar        | nuscript number (if know  | n):  |   |
| In th      | ne interest of transparency,  | we ask you to disclose all   | relationships/activities/interests listed below that are  |
| rela       | ted to the content of your m  | nanuscript. "Related" mea  | ns any relation with for-profit or not-for-profit third   |
| -          | <u>-</u>  | <u>-</u>   | f the manuscript. Disclosure represents a commitment  |
|            | ransparency and does not no<br>tionship/activity/interest, it   |  | If you are in doubt about whether to list a   |
| reia       | tionsnip/activity/interest, it  | is preferable that you do  | so.   |
|            |   | o the author's relationshi   | os/activities/interests as they relate to the <u>current</u>  |
| <u>mar</u> | nuscript only.  |  |   |
| to th      |   | nsion, you should declare  | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. |
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|            | time frame for disclosure is  | •  | <b>,</b>  |
|            |   | the past 36 months.  |   |
|            |   | the past 36 months.  Name all entities with  | Specifications/Comments   |
|            |   | the past 36 months.  Name all entities with whom you have this   | Specifications/Comments (e.g., if payments were made to you or to your  |
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|            |   | Name all entities with whom you have this relationship or indicate none (add rows as   | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
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| the        | All support for the present manuscript (e.g., funding, provision of study materials,  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial                            | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
| the        | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial                            | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
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| The 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.   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone                       | Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work                      |
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| 1<br>2     | 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.  Grants or contracts from any entity (if not indicated in item #1 above). | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone  Time frame: pasXNone | Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work                      |
| The 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.  Grants or contracts from any entity (if not indicated                    | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initialXNone                       | Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work                      |
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| 5    | Payment or honoraria for lectures, presentations,                          | XNone                          |            |
|------|--|--------------------------------|------------|
|      | speakers bureaus, manuscript writing or educational events                 |                                |            |
| 6    | Payment for expert testimony   | XNone                          |            |
| 7    | Support for attending meetings and/or travel                               | XNone                          |            |
|      |  |                                |            |
| 8    | Patents planned, issued or pending   | XNone                          |            |
|      | pending  |                                |            |
| 9    | Participation on a Data  | XNone                          |            |
|      | Safety Monitoring Board or Advisory Board                                  |                                |            |
| 10   | Leadership or fiduciary role   | XNone                          |            |
|      | in other board, society,<br>committee or advocacy<br>group, paid or unpaid |                                |            |
| 11   | Stock or stock options   | X None                         |            |
|      | '  |                                |            |
| 10   |  | V 1                            |            |
| 12   | Receipt of equipment,<br>materials, drugs, medical                         | XNone                          |            |
|      | writing, gifts or other services   |                                |            |
| 13   | Other financial or non-  | XNone                          |            |
|      | financial interests  |                                |            |
| Plea | nse summarize the above co   | nflict of interest in the foll | owing box: |
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| par<br>to t                        | ties whose interests may be   | e affected by the content onecessarily indicate a bias.  | f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a  |
|                                    | following questions apply nuscript only.  | to the author's relationship   | os/activities/interests as they relate to the current   |
| to t                               | •   | ension, you should declare   | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.   |
|                                    | em #1 below, report all sup<br>time frame for disclosure is   | •  | 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   | nl 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: pas  | t 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                         |             |
|      |  |                               |             |
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| 8    | Patents planned, issued or                     | XNone                         |             |
|      | pending  |                               |             |
| _    | 5  | V N                           |             |
| 9    | Participation on a Data                        | XNone                         |             |
|      | Safety Monitoring Board or                     |                               |             |
| 10   | Advisory Board                                 | V. Nava                       |             |
| 10   | Leadership or fiduciary role                   | XNone                         |             |
|      | in other board, society, committee or advocacy |                               |             |
|      | group, paid or unpaid                          |                               |             |
| 11   | Stock or stock options                         | X None                        |             |
| 11   | Stock of Stock options                         |                               |             |
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| 12   | Receipt of equipment,                          | X None                        |             |
|      | materials, drugs, medical                      |                               |             |
|      | writing, gifts or other                        |                               |             |
|      | services                                       |                               |             |
| 13   | Other financial or non-                        | X None                        |             |
|      | financial interests                            |                               |             |
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| Plea | se summarize the above co                      | nflict of interest in the fol | lowing box: |
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| con                                  | nbined with standard ch   | emotherapy and brach   | ytherapy alone for lung malignant nodule: a   |
| reti                                 | rospective comparative (  | cohort study   |   |
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| rela<br>part<br>to to<br>rela<br>The | ted to the content of your in<br>ties whose interests may be<br>ransparency and does not r<br>tionship/activity/interest, i   | manuscript. "Related" mea<br>affected by the content o<br>ecessarily indicate a bias.<br>t is preferable that you do | relationships/activities/interests listed below that are ans 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.  ps/activities/interests as they relate to the current |
| to ti<br>med<br>In it                | he epidemiology of hyperte<br>dication, even if that medic  | ension, you should declare ation is not mentioned in to open the work reported                                       | 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   | Specifications/Comments   |
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|                                      |   | Time frame: pas  | t 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                         |             |
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|      | lectures, presentations,                       |                               |             |
|      | speakers bureaus,                              |                               |             |
|      | manuscript writing or                          |                               |             |
|      | educational events                             |                               |             |
| 6    | Payment for expert                             | XNone                         |             |
|      | testimony                                      |                               |             |
|      |  |                               |             |
| 7    | Support for attending meetings and/or travel   | XNone                         |             |
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| 8    | Patents planned, issued or                     | XNone                         |             |
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| 9    | Participation on a Data                        | XNone                         |             |
|      | Safety Monitoring Board or                     |                               |             |
| 10   | Advisory Board                                 | V. Nava                       |             |
| 10   | Leadership or fiduciary role                   | XNone                         |             |
|      | in other board, society, committee or advocacy |                               |             |
|      | group, paid or unpaid                          |                               |             |
| 11   | Stock or stock options                         | X None                        |             |
| 11   | Stock of Stock options                         |                               |             |
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| 12   | Receipt of equipment,                          | X None                        |             |
|      | materials, drugs, medical                      |                               |             |
|      | writing, gifts or other                        |                               |             |
|      | services                                       |                               |             |
| 13   | Other financial or non-                        | X None                        |             |
|      | financial interests                            |                               |             |
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| Plea | se summarize the above co                      | nflict of interest in the fol | lowing box: |
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| Υοι  | ır Name: J  | Jiacong Liu  |   |  |  |
| Mar<br>con<br>retr<br>Mar<br>In the<br>rela<br>part<br>to t<br>rela<br>The<br>mar<br>The<br>to t | nuscript Title: The abined with standard charspective comparative nuscript number (if know he interest of transparency ited to the content of your ties whose interests may be ransparency and does not ationship/activity/interest, following questions apply nuscript only. | efficacy and safety of potential process of potenti | ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive |  |  |
|  | em #1 below, report all su<br>time frame for disclosure i   | s 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)   |  |  |
|  |   | Time frame: Since the initia   | al 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: pas  | t 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                         |             |
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| 8    | Patents planned, issued or                     | XNone                         |             |
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| 9    | Participation on a Data                        | XNone                         |             |
|      | Safety Monitoring Board or                     |                               |             |
| 10   | Advisory Board                                 | V. Nava                       |             |
| 10   | Leadership or fiduciary role                   | XNone                         |             |
|      | in other board, society, committee or advocacy |                               |             |
|      | group, paid or unpaid                          |                               |             |
| 11   | Stock or stock options                         | X None                        |             |
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| 12   | Receipt of equipment,                          | X None                        |             |
|      | materials, drugs, medical                      |                               |             |
|      | writing, gifts or other                        |                               |             |
|      | services                                       |                               |             |
| 13   | Other financial or non-                        | X None                        |             |
|      | financial interests                            |                               |             |
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| with<br>cohe<br>Mai<br>In th | n standard chemotherapy a<br>ort study<br>nuscript number (if know<br>ne interest of transparency,  | and brachytherapy alone f  | taneous CT-guided iodine-125 brachytherapy combined for lung malignant nodule: a retrospective comparative relationships/activities/interests listed below that are |
| part<br>to t                 | ties whose interests may be   | affected by the content of ecessarily indicate a bias.   | 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.        |
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| 4                            | Consulting fees   | XNone  |   |

| 5    | Payment or honoraria for                       | XNone                         |             |
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|      | lectures, presentations,                       |                               |             |
|      | speakers bureaus,                              |                               |             |
|      | manuscript writing or                          |                               |             |
|      | educational events                             |                               |             |
| 6    | Payment for expert                             | XNone                         |             |
|      | testimony                                      |                               |             |
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| 7    | Support for attending meetings and/or travel   | XNone                         |             |
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| 8    | Patents planned, issued or                     | XNone                         |             |
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| 9    | Participation on a Data                        | XNone                         |             |
|      | Safety Monitoring Board or                     |                               |             |
| 10   | Advisory Board                                 | V. Nava                       |             |
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| 11   | Stock or stock options                         | X None                        |             |
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| 12   | Receipt of equipment,                          | X None                        |             |
|      | materials, drugs, medical                      |                               |             |
|      | writing, gifts or other                        |                               |             |
|      | services                                       |                               |             |
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| Υοι                          | ur Name: R   | uibo Miu   |   |  |  |
| Maı                          | Manuscript Title: The efficacy and safety of percutaneous CT-guided iodine-125 brachytherapy                         |  |   |  |  |
| con                          | nbined with standard ch  | emotherapy and brachy  | therapy alone for lung malignant nodule: a  |  |  |
|                              | rospective comparative o   | ·  |   |  |  |
| Maı                          | nuscript number (if knov   | vn):   |   |  |  |
| rela<br>part<br>to t<br>rela | ted to the content of your raties whose interests may be ransparency and does not not itionship/activity/interest, i | manuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias.<br>t is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |  |  |
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| to t                         |  | nsion, you should declare a  | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.   |  |  |
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|                              |  | 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)  |  |  |
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| _                            |  | Time frame: Since the initia   | I planning of the work  |  |  |
| 1                            | All support for the present manuscript (e.g., funding,   | XNone  |   |  |  |
|                              | provision of study materials,  |  |   |  |  |
|                              | medical writing, article   |  |   |  |  |
|                              | processing charges, etc.)  |  |   |  |  |
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| 2                            |  | 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                         |             |
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|      | lectures, presentations,                       |                               |             |
|      | speakers bureaus,                              |                               |             |
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|      | testimony                                      |                               |             |
|      |  |                               |             |
| 7    | Support for attending meetings and/or travel   | XNone                         |             |
|      |  |                               |             |
|      |  |                               |             |
| 8    | Patents planned, issued or                     | XNone                         |             |
|      | pending  |                               |             |
| _    | 5  | V N                           |             |
| 9    | Participation on a Data                        | XNone                         |             |
|      | Safety Monitoring Board or                     |                               |             |
| 10   | Advisory Board                                 | V. Nava                       |             |
| 10   | Leadership or fiduciary role                   | XNone                         |             |
|      | in other board, society, committee or advocacy |                               |             |
|      | group, paid or unpaid                          |                               |             |
| 11   | Stock or stock options                         | X None                        |             |
| 11   | Stock of Stock options                         |                               |             |
|      |  |                               |             |
| 12   | Receipt of equipment,                          | X None                        |             |
|      | materials, drugs, medical                      |                               |             |
|      | writing, gifts or other                        |                               |             |
|      | services                                       |                               |             |
| 13   | Other financial or non-                        | X None                        |             |
|      | financial interests                            |                               |             |
|      |  |                               |             |
|      |  |                               | •           |
|      |  |                               |             |
| Plea | se summarize the above co                      | nflict of interest in the fol | lowing box: |
| N    | one  |                               |             |
|      |  |                               |             |

| Dat   | e:2023  | /10/25   |  |
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| You   | ı <b>r Name:</b> Ji   | an Hu  |  |
| Mar<br>con<br>retr<br>Mar<br>In th<br>rela<br>part<br>to to<br>rela<br>The<br>mar<br>The<br>to to | nuscript Title: The abined with standard characterized comparative comparative conspective comparative conscript number (if known e interest of transparency, ted to the content of your raises whose interests may be cansparency and does not not interest to the content of your raises whose interests may be cansparency and does not not interest, in following questions apply to the content only.  author's relationships/action e epidemiology of hyperted lication, even if that medical | efficacy and safety of peremotherapy and brachy cohort study vn): , we ask you to disclose all manuscript. "Related" meate affected by the content of necessarily indicate a bias. It is preferable that you do not to the author's relationship vities/interests should be gension, you should declare a factor is not mentioned in the | 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  defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive |
|   | time frame for disclosure is  | •  | an this manuscript without time limit. For an 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   | Il 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: pas  | t 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   |        |  |  |  |  |
| _    | Doublein stien en a Date  | V Name |  |  |  |  |
| 9    | Participation on a Data Safety Monitoring Board or                    | XNone  |  |  |  |  |
|      | Advisory Board  |        |  |  |  |  |
| 10   | Leadership or fiduciary role  | X None |  |  |  |  |
| 10   | in other board, society,  |        |  |  |  |  |
|      | committee or advocacy   |        |  |  |  |  |
|      | group, paid or unpaid   |        |  |  |  |  |
| 11   | Stock or stock options  | X None |  |  |  |  |
|      |   |        |  |  |  |  |
|      |   |        |  |  |  |  |
| 12   | Receipt of equipment,   | X None |  |  |  |  |
|      | materials, drugs, medical   |        |  |  |  |  |
|      | writing, gifts or other   |        |  |  |  |  |
|      | services  |        |  |  |  |  |
| 13   | Other financial or non-<br>financial interests                        | XNone  |  |  |  |  |
|      |   |        |  |  |  |  |
|      |   |        |  |  |  |  |
|      |   |        |  |  |  |  |
| Plea | Please summarize the above conflict of interest in the following box: |        |  |  |  |  |
| N    | lone  |        |  |  |  |  |
|      |   |        |  |  |  |  |
|      |   |        |  |  |  |  |