

**ICMJE DISCLOSURE FORM**

Date: 2021/3/2

Your Name: Haifeng Yu

Manuscript Title: **Bruton's Tyrosine Kinase Inhibitors in Primary Central Nervous System Lymphoma—Evaluation of Anti-tumor Efficacy and Brain Distribution**

Manuscript number (if known): **TCR-21-50**

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.

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>_v_ None</u>	

4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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**ICMJE DISCLOSURE FORM**

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Your Name: Haiying Kong

Manuscript Title: **Bruton's Tyrosine Kinase Inhibitors in Primary Central Nervous System Lymphoma—Evaluation of Anti-tumor Efficacy and Brain Distribution**

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Your Name: Cong Li

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Your Name: Yizhe Wu

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Your Name: Yuxin Zhuang

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Your Name: Shuiyun Han

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Your Name: Tao Lei

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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> _v_None	
6	Payment for expert testimony	<input type="checkbox"/> _v_None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> _v_None	
8	Patents planned, issued or pending	<input type="checkbox"/> _v_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> _v_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> _v_None	
11	Stock or stock options	<input type="checkbox"/> _v_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> _v_None	
13	Other financial or non-financial interests	<input type="checkbox"/> _v_None	

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

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The authors have no other conflicts of interest to declare.

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

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