Da	ıte:	2022.1.7	
Yo	ur Name:Tao Wa	ng	
M	anuscript Title: Innovat	ion drug approvals based	on a bridging study: from concept to practice
M	anuscript number (if known)):	
re pa to	lated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed 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	l planning of the work
Ĺ	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	_XNone	
	No time limit for this item.	Time 6	26
)	Grants or contracts from	Time frame: past _X None	. 56 months
_	any entity (if not indicated in item #1 above).	None	
}	Royalties or licenses	_XNone	
	,		
ļ	Consulting fees	_XNone	
5	Payment or honoraria for lectures, presentations,	_XNone	

speakers bureaus, manuscript writing or educational events

Support for attending					
meetings and/or travel	_XNone				
Patents planned, issued or pending	_XNone				
Safety Monitoring Board or Advisory Board	_XNone				
in other board, society, committee or advocacy group, paid or unpaid	_XNone				
Stock or stock options	_XNone				
Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone				
Other financial or non- financial interests	_XNone				
Please summarize the above conflict of interest in the following box: I have no conflicts of interest to declare.					
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 the					
	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 writing, gifts or other services Other financial or non- financial interests ease summarize the above of the conflicts of interests	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 writing, gifts or other services Other financial or non- financial interests Pease summarize the above conflict of interest in the form I have no conflicts of interest to declare.			

Da	ite:	2022.1.7				
Yo	our Name:Xiao Ca					
M	Nanuscript Title: Innovation drug approvals based on a bridging study: from concept to practice					
M	anuscript number (if known):				
re pa to	lated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.			
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>			
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertai e all relationships with manufacturers of antihypertensiv the manuscript.			
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other ite	:ms,		
		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 initi	al planning of the work			
1	All support for the present		al planning of the work			
L	All support for the present manuscript (e.g., funding,	_XNone				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: pas	st 36 months			
<u>'</u>	Grants or contracts from any entity (if not indicated	_XNone				
	in item #1 above).					
}	Royalties or licenses					
	noyunies of neerises	_XNone				
1	Consulting fees	_XNone				
<u> </u>	Payment or honoraria for	_XNone				
	lectures, presentations,					
	speakers bureaus,					

manuscript writing or educational events

б	testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	
	ease summarize the above case summarize the above case I have no conflicts of inter		llowing box:
Ple	ease place an "X" next to the	e following statement to in	dicate 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.

Da	te:	2022.1.7				
Yo	ur Name:Yingjian H					
	Manuscript Title: Innovation drug approvals based on a bridging study: from concept to practice					
Ma	anuscript number (if known)	:				
rel par to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do				
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
	•		defined broadly. For example, if your manuscript pertain			
	the epidemiology of hyperto edication, even if that medic	· •	all relationships with manufacturers of antihypertensive			
1116	cuication, even il that medic	ation is not mentioned in	ine manuscript.			
In i	item #1 below, report all su	pport for the work reporte	d in this manuscript without time limit. For all other iten	ıs,		
	e time frame for disclosure i	•	·			
		Name all autition with	Considerations (Community			
		Name all entities with whom you have this	Specifications/Comments (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	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				

_X__None

5

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events

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 writing, gifts or other	_XNone _XNone _XNone _XNone _XNone _XNone _XNone				
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	_XNone _XNone _XNone				
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	_XNone				
in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	_XNone				
Receipt of equipment, materials, drugs, medical					
materials, drugs, medical	_XNone				
services					
Other financial or non- financial interests	_XNone				
		llowing box:			
f ::	inancial interests se summarize the above conflicts of inter	se summarize the above conflict of interest in the fo	se summarize the above conflict of interest in the following box:	se summarize the above conflict of interest in the following box:	se summarize the above conflict of interest in the following box: have no conflicts of interest to declare.

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

form.

Da	te:	2022.1.7	
Yo	ur Name:Xiaoyuan Che	n	
Ma	anuscript Title: Innovat	ion drug approvals based	on a bridging study: from concept to practice
Ma	anuscript number (if known)):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed 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
l	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
<u>2</u>	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_XNone	
1	Consulting fees	_XNone	
5	Payment or honoraria for lectures, presentations,	_X_None	

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			
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone			
11	Stock or stock options	_XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone			
13	Other financial or non- financial interests	_XNone			
	ease summarize the above conflicts of inter		owing box:		
Ple	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.