Your Name:Konstantinos			
ounis			
r	Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with netastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a rospective, observational study		

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</u> manuscript only.

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).	X_None	
3	Royalties or licenses	X None	

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	XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
0	pending	^_None		
	pending			
9	Participation on a Data	X None		
9	Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	xNone		
	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		
12	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
13	financial interests			
	Tillaliciai iliterests			
Dlas	Please summarize the above conflict of interest in the following box:			
FIE	ricase summanze the above commict of interest in the following box:			

I do not have any conflict of interest			

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: <u>28/07/2021</u>		
Your Name: Dimitrios Makrakis	-	
Manuscript Title: Cancer Cachexia Non-Small Cell Lung Cancer treate observational study	-	-
Manuscript number (if known):	-	
In the interest of transparency, we listed below that are	e ask you to disclose all rela	ationships/activities/interests
related to the content of your man	nuscript. "Related" means	any relation with for-profit or not-
parties whose interests may be af represents a commitment	fected by the content of th	e manuscript. Disclosure
to transparency and does not necessist a relationship/activity/interes	-	
The following questions apply to t to the <u>current</u> <u>manuscript only</u> .	:he author's relationships/a	activities/interests as they relate
The author's relationships/activiti	es/interests should be <u>defi</u>	ned broadly. For example, if your
manuscript pertains to the epidemiology of hypertensi	ion, you should declare all	relationships with manufacturers
of antihypertensive medication, e	ven if that medication is no	ot mentioned in the manuscript.
In item #1 below, report all suppo limit. For all other items, the time frame for disclosure is th	·	this manuscript without time
	Name all entities with	Specifications/Comments
	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	Time frame: Since the initial	planning of the work
1	XNone	

	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: past	36 months
2	Grants or contracts from any entity (if not indicated in	XNone	
	item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8		XNone	

	Patents planned, issued or pending			
	periamg			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone		
	services			
13	Other financial or non- financial interests	XNone		
'iease	lease summarize the above conflict of interest in the following box:			

N	o conflicts to declare	
		I

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: <u>29/7/2021</u>	
Your Name: Alexandros-Pantelis Tsigkas	
Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small	Cell Lung
Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study	
Manuscript number (if known):	

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		I	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	_ X_ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_ None	
4	Consulting fees	X_ None	

5	Payment or honoraria for	_X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	X None		
	testimony			
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7	Support for attending meetings and/or travel	_X None		
8	Patents planned, issued or	X_ None		
	pending			
0	Participation on a Data	Y None		
9	Safety Monitoring Board or	_X None		
	Advisory Board			
10	Leadership or fiduciary role	_X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	_XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N.	No conflict of interest to declare			
NO COMMICE OF INTEREST TO DECIATE				

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

Date: 28/7/20	21
Your Name:	Alexandra Georgiou
Manuscript Tit	e: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung
Cancer treated	with PD-1/PD-L1 inhibitors: Results from a prospective, observational study
Manuscript nu	mber (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

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5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending	xNone	
	meetings and/or travel		
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,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		
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Plea	ise summarize the above co	nflict of interest in the fo	ollowing box:

No conflict 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.

Date: 28-7-2021

Your Name: Nikolaos Galanakis

Manuscript Title:Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung

Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study

Manuscript number (if known).		
Manuscript number (if known):		

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	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	None	
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
		·	

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

I declare that I have no conflict of interest.		

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: <u>29/07/2021</u>
Your Name: Chara Papadaki
Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung
Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study
Manuscript number (if known):

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1	All support for the process	I	prairing of the work
1	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: 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	X_None	
	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		
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	ase summarize the above co	nflict of interest in the	following box:
	deciare no commict of interest		

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Date:	29/07/2021
 Your Nar	ne:Alexia Monastirioti
	Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study
Manuscr	ipt number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X None	

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	XNone			
	meetings and/or travel				
8	Patents planned, issued or	X None			
	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, materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
13		XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

I do not have any conflict of interest to declare			

Please place an "X" next to the following statement to indicate your agreement:			
_X I certify that I have form.	answered every question and ha	ve not altered the wording of	any of the questions on this

Date:29/07/2021				
Your Name:Lampros Vamvakas				
	Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study			
Manusc				

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X None	

4	Consulting fees	X None		
	0 · · · · ·			
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	XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
٥	pending	xNone		
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	X None		
11	Stock of Stock options			
12	Receipt of equipment,	XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

Please place an "X" next to the following statement to indicate your agreement:			
_X I certify that I have form.	answered every question and ha	ve not altered the wording of	any of the questions on this

Date:29/07/2021		
 Your Name:Konstantinos Kalbakis		
- — — — — — — — — — — — — — — — — — — —	a Syndrome and clinical outcome in patients with treated with PD-1/PD-L1 inhibitors: Results from a	
Manuscript number (if known):		

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3	Royalties or licenses	X None	

4	Consulting fees	XNone		
5	Payment or honoraria for	X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
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7	Support for attending	XNone		
	meetings and/or travel			
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		
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Plea	Please summarize the above conflict of interest in the following box:			

No conflict of interest to declare		

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Date:	29/0//2021
 Your Na	me:Nikolaos Vardakis
	Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with
	metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study
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3	Royalties or licenses	X None	

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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending		
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment	X None	
12	Receipt of equipment, materials, drugs, medical	^NOTIC	
	writing, gifts or other		
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13	Other financial or non-	XNone	
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ı	do not have any conflict of interest to declare

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our Nam	e:Meropi Kontogianni
ļ	Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with
1	metastatic Non-Small Cell Lung Cancer treated with PD-1/PD-L1 inhibitors: Results from a
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3	Royalties or licenses	X None	

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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
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-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:

No conflict of interest

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.

Manuscript number (if known):	
Cancer treated with PD-1/PD-L1 inhibitors: Results from a prospective, observational study	
Manuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Ce	l Lung
Your Name: Ioannis Gioulbasanis	
Date: <u>29 July 2021</u>	

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	x_None	
	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	x None	
	,		
4	Consulting fees	xNone	

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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	xNone	
	meetings and/or travel		
	and, or traver		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	xNone	
			†
	group, paid or unpaid		
11	Stock or stock options	x None	
	Table 1. Stock options		
12	Receipt of equipment,	x None	+
12	materials, drugs, medical	^NUITE	+
	writing, gifts or other services		
12	Other financial or non-	y None	
13	financial interests	xNone	

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

The author has no conflict 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 this form.

Date: <u>29 July 2021</u>				
Your Name:	Dimitrios Mavroudis			
Manuscript Tit	tle: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung			
Cancer treated	d with PD-1/PD-L1 inhibitors: Results from a prospective, observational study			
Manuscript nu	ımber (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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	I	I	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	

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5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert	_XNone	
	testimony		
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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-	_XNone	
	financial interests		
Please summarize the above conflict of interest in the following box:			

No relevant conflict of interest with the present work

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

Date: 30 July 2021							
Your Name:	Sofia Agelaki						
Manuscript Tit	Nanuscript Title: Cancer Cachexia Syndrome and clinical outcome in patients with metastatic Non-Small Cell Lung						
Cancer treated	d with PD-1/PD-L1 inhibitors: Results from a prospective, observational study						
Manuscript nu	umber (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.

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			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 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	

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5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
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	testimony		
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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-	_XNone	
	financial interests		
Please summarize the above conflict of interest in the following box:			

No relevant conflict of interest with the present work

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