Your Name:	Bin Zhou
Manuscript Title:	Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
Manuscript numbe	r (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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		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) 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

		ICMJE DISCI	OSURE FORM	
Date	: 14 th Oct2021			
Your	Name: Qiuyuan I	i		
	uscript Title: Octog uscript number (if known)		n Stage-specific Small Cell Lung Cancer Treatment	
relate parti to tra	ed to the content of your les whose interests may be ansparency and does not	manuscript. "Related" mea e affected by the content o	relationships/activities/interests listed below that are ans 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 so.	
	following questions apply uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to th	e epidemiology of hypert		defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	em #1 below, report all su ime frame for disclosure i		d in this manuscript without time limit. For all other iten	ns
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
		needed)		
		Time frame: Since the initial	planning of the work	
	All support for the present	None		
	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)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

Date: 14 th Oct2	021
Your Name:	Linlin Qin
Manuscript Title:	Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
Manuscript number	(if known):

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		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) 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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
0		None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
	•		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
4.0			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests	_	

None.	

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

Your Name:	Zhao Li
Manuscript Title:	Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
Manuscript numbe	(if known):
	ansparency, we ask you to disclose all relationships/activities/interests listed below that are
	ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third
parties whose inter	ests 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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

	021 Kaiqi Jin
Manuscript Title:	Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
Manuscript numbe	· (if known):
	ansparency, we ask you to disclose all relationships/activities/interests listed below that are
	ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests 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/activit	y/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) 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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

		ICMJE DISC	CLOSURE FORM
Da	te: 14 th Oct2021		
	ur Name: Jie Dai _		
	anuscript Title: Octog anuscript number (if known		m Stage-specific Small Cell Lung Cancer Treatment
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 s. If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to		ension, you should declar	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 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 initi	al planning of the work
_	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	

Time frame: past 36 months

None

None

None

processing charges, etc.) No time limit for this item.

Grants or contracts from

in item #1 above). Royalties or licenses

Consulting fees

any entity (if not indicated

2

3

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

Da	te: 14 th Oct2021			
	ur Name: Yuming Z			
Ma		enarians May Benefit fron	n Stage-specific Small Cell Lung Cancer Treatment	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content on ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in to oport for the work reporte	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other it	ive
		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 initia	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.	None		
2	Constant and an artist for	Time frame: past	36 months	
2	Grants or contracts from	None		

any entity (if not indicated

None

_None

in item #1 above).

Royalties or licenses

Consulting fees

3

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

Your Name:	Yang Yang
	Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
Manuscript numbe	(if known):

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		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) 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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

	ICMJE DISCLOSURE FORM	
Date: 14 th Oct2021		
Your Name: Salma K. Jabbour		
Manuscript Title: Octogenarians M	ay Benefit from Stage-specific Small Cell Lung Cancer Treatment	
Manuscript number (if known):		
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The following questions apply to the authomanuscript only.	or's relationships/activities/interests as they relate to the <u>current</u>	
	ests should be <u>defined broadly</u> . For example, if your manuscript pertains should declare all relationships with manufacturers of antihypertensive mentioned in the manuscript.	
In item #1 below, report all support for th the time frame for disclosure is the past 3	e work reported in this manuscript without time limit. For all other items, 6 months.	
Name all er whom you relationship none (add	have this (e.g., if payments were made to you or to your p or indicate institution)	

		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) 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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

Da	Date: 14 th Oct2021				
	Your Name: Alfredo Tartarone				
Ma	Manuscript Title: Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment				
Ma	nuscript number (if known)):			
In the relation means to mean	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. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,				
	e time frame for disclosure is		Specifications/Comments (e.g., if payments were made to you or to your institution)	.5,	
		Time frame: Since the initia	l 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.	None			
		T: (25		
2	Grants or contracts from	Time frame: pass	t 36 months		
_	any entity (if not indicated	INUITE			
	in item #1 above).				
3	Royalties or licenses	None			

Consulting fees

None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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

Date:	.13 th Oct 2021
Your Name:	_ Calvin S. H. Ng
Manuscript Title:	Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatment
Manuscript number	r (if known):

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		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	Medtronic, USA Siemens Healthineers Johnson and Johnson	Consulting services Consulting services Consulting services

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

This author has received consulting fees from Medtronic, Siemens Healthineer and Johnson & Johnson for consulting services.

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

ate: 14 th Oct2021				
Your Name:	Alfons Navarro			
Manuscript Title:	Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer 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 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>.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
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	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	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		

None.	

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

Your Name:	Cecilia Pompili
Manuscript Title:_	Octogenarians May Benefit from Stage-specific Small Cell Lung Cancer Treatmo
Manuscript numb	er (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)	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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9		None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	140110	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.	

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Manuscript number	(if known):
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
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	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of agricument	None	
12	Receipt of equipment,	None	
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