Date:		710				
Your Name:)ai	file_				
Manuscript Tit	le: Sleeve res	ection after neo	oadjuvant chemoi	mmunotherapy i	in the treatment	of locally advanced non-
small cell lung	cancer.					
Manuscript nu	mber (if knov	vn):_ TLCR-22-5(6			
-						

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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.	XNone	
		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 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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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 of form.

Date:	1072.	1.20	. \	
Your Name:		1/10	Kinst	nem

Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced nonsmall cell lung cancer.

Manuscript number (if known):_ TLCR-22-56 _____

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		Time frame: pas	st 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 lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		energen anderen der eine einen der
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	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
.3	Other financial or non- financial interests	XNone	
100			

None.

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 of form.

Date:		
Your Name:	Dianke Li	
Manuscript Title: Slee	ve resection after neoadjuvant	chemoimmunotherapy in the treatment of locally advanced non-
small cell lung cancer.		
Manuscript number (i	f known):_ TLCR-22-56	

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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 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	
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	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
.3	Other financial or non- financial interests	XNone	

None.

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 of form.

Date:
Your Name: Yan Hnang
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-
small cell lung cancer.
Manuscript number (if known): TLCR-22-56

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		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
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	
NUT	國國建和非常加強的政策	Time frame: pa	st 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 lectures, presentations, speakers bureaus,	XNone	
	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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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 of form.

Date:
Your Name: Xangang / Cu
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-
small cell lung cancer.
Manuscript number (if known):_ TLCR-22-56
• • • • • • • • • • • • • • • • • • • •

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		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)
C.F.S.		Time frame: Since the initi	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 lectures, presentations, speakers bureaus, manuscript writing or	XNone	
6	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	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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 of form.

Date:			
Your Name:	Wenxin	He	
Manuscript ⁻	Title: Sleeve rese	tion after ne	adjuvant chemoimmunotherapy in the treatment of locally advanced non-
small cell lur	ng cancer.		
Manuscript	number (if knowr):_ TLCR-22-!	

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		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)
(Litt.)	计学会议的任何问题的问题	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.	XNone	
		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 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	
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	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
.3	Other financial or non- financial interests	XNone	
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None.

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 of form.

	2 1 1	
Date:	1072. 1. 2	
Your Name:	L'una Uner	١

Manuscript Title: Sleeve⁴resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced nonsmall cell lung cancer.

Manuscript number (if known):_ TLCR-22-56 ______

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) 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 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	
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	X_None	
13	Other financial or non- financial interests	XNone	
388 C.I			

None.

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

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Date:
Your Name: Selary Zhan
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-
small cell lung cancer.
Manuscript number (if known):_ TLCR-22-56

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and a second		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: past	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 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	
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	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
.3	Other financial or non- financial interests	XNone	

None.

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

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Date:	
Your Name:	YumzZhu
Manuscript Title:	Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-
small cell lung can	cer.

Manuscript number (if known):_ TLCR-22-56 ______

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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.	XNone	
	ana ana amin'ny toerana amin'ny tanàna mandritra dia kaominina dia kaominina dia kaominina dia kaominina dia ka Ny INSEE dia mampina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kao	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	A segan website president CONTRACTOR State 3 and set real Fights do set from CONTRACT and Set 122

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events	ina Della statem plan	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
			e - Minister company should be for an and
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	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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 of form.

Date:
Your Name: <u>Chang Chen</u>
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-
small cell lung cancer.
Manuscript number (if known):_ TLCR-22-56

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
		F	
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 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	
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	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
.3	Other financial or non- financial interests	XNone	

None.

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 of form.

Date:____Jan, 10, 2022____ Your Name:___ Mariano Provencio__ Manuscript Title:_____ Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer ____ 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.

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		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).	XNone	
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		
6	Payment for expert testimony	XNone	
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7	Support for attending meetings	V. Nono	
<i>′</i>		XNone	
	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 in	XNone	
	other board, society,		
	committee or advocacy group,		
	paid or unpaid		
11	Stock or stock options	XNone	
11			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-financial	XNone	
	interests		

None.

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: 12/15/2021 Your Name: Robert Ramirez, DO, FACP Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-small cell lung cancer 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.

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		Name all entities with whom	Specifications/Comments
		you have this relationship or	(e.g., if payments were made to you or to your institution)
		indicate none (add rows as	
		needed)	
		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 any		Merck
	entity (if not indicated in item		
	#1 above).		
3	Royalties or licenses	None	
4	Consulting fees		Astra-Zeneca, Novartis, EMD Serono, Amgen

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

Robert Ramirez reports grants from Merck; consulting fees from Astra-Zeneca, Novartis, EMD Serono, and Amgen; payment from Astra-Zeneca, Genentech, and Merck.

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: 12/15/21

Your Name: Mara Antonoff Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced nonsmall cell lung cancer 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.

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		Name all entities with whom you	Specifications/Comments
		have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	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 3	6 months
2	Grants or contracts from any entity	xNone	
	(if not indicated in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

-	Devenuent en herrennis fan lastures		
5	Payment or honoraria for lectures,	_xNone	
	presentations, speakers bureaus,		
	manuscript writing or educational		
	events		
6	Payment for expert testimony	xNone	
7	Support for attending meetings	_xNone	
	and/or travel		
8	Patents planned, issued or pending	xxNone	
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	xxNone	
	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-financial	_xNone	
	interests		

None

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Mara Antonoff Maa Artan 12/15/21

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Date:
Your Name: i Chunyan Wu.
Manuscript Title: Sleeve resection after neoadjuvant chemoimmunotherapy in the treatment of locally advanced non-
small cell lung cancer.
Manuscript number (if known):_ TLCR-22-56

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		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)
1.18		Time frame: Since the initi	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	st 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 lectures, presentations, speakers bureaus,	XNone	
	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	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
.3	Other financial or non- financial interests	XNone	

None.

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

Date:			
Your Name:	lian (n	\longrightarrow	
Manuscript Title: Sleev	e resection after ne	oadjuvant chemoimmuno	otherapy in the treatment of locally advanced non-
small cell lung cancer.			
Manuscript number (if	known):_ TLCR-22-5	56	

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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 initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I 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 lectures, presentations, speakers bureaus,	XNone	
	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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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