Date:	2022/9/26	
Your Name:	Bolin Chen	
Manuscript Title:_ angiogenic therapy	·	safety of immune checkpoint inhibitors combined with chemotherapy or anti- ater treatment option for advanced non-small cell lung cancer
Manuscript number	er (if known):	
In the interest of t	ransparency, we ask	you to disclose all relationships/activities/interests listed below that are

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)  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	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	
	meetings and/or traver		
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-	X None	
	financial interests		
Dlas	sa summariza tha abaya sa	nflict of interest in the	following how

None		

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

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2022/9/26
Your Name:	Jingyi Wang
•	The efficacy and safety of immune checkpoint inhibitors combined with chemotherapy or anti as a second-line or later treatment option for advanced non-small cell lung cancer
Manuscript number	(if known):
In the interest of tra	ensparency, we ask you to disclose all relationships/activities/interests listed below that are

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	T	Time frame: Since the initial	plaining of the work
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	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
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		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	
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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-	X None	
	financial interests		
Dlas	sa summariza tha abaya sa	nflict of interest in the	following how

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 on this form.

Date:	2022/9/26	
Your Name:	Xingxiang Pu_	
Manuscript Title:	The efficacy and	safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy	as a second-line or l	ater treatment option for advanced non-small cell lung cancer
Manuscript number	(if known):	
-		

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	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	
	meetings and/or traver		
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-	X None	
	financial interests		
Dlas	sa summariza tha abaya sa	nflict of interest in the	following how

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

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2022/9/26
Your Name:	Jia Li
Manuscript Title:	The efficacy and safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy	as a second-line or later treatment option for advanced non-small cell lung cancer
Manuscript number	(if known):

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		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	

		•	
lectures, presentation	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	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	
42		V N	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Dlas	ise summarize the above co	nflict of interest in the	following hov:

None		

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

Date:	2022/9/26
Your Name:	Qianzhi Wang
Manuscript Title:	_ The efficacy and safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy	as a second-line or later treatment option for advanced non-small cell lung cancer
Manuscript number	(if known):

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		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	5 Payment or honoraria for lectures, presentations,	XNone				
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
7	Support for attending meetings and/or travel	XNone				
	meetings and/or traver					
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-	X None				
	financial interests					
Dlas	Please summarize the above conflict of interest in the following bove					

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:	2022/9/26	
Your Name:	Liyu Liu	
Manuscript Title:	The efficacy a	nd safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy a	as a second-line	or later treatment option for advanced non-small cell lung cancer
Manuscript number	(if known):	
-		

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		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	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
_		V N			
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	V N			
11	Stock or stock options	XNone			
12	Descipt of aguinment	X None			
12	Receipt of equipment, materials, drugs, medical	XNone			
	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:				

None		

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:	2022/9/26	
Your Name:	Yan Xu	
Manuscript Title:	The efficacy a	and safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy a	as a second-line	or later treatment option for advanced non-small cell lung cancer
Manuscript number	(if known):	
-		

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	T	Time frame: Since the initial	plaining of the work
1	All support for the present	XNone	
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	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	

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	
	g. v. 1, v. v. v		
8	Patents planned, issued or	X None	
	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-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the	following box:

None		

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

form.

Date:	_2022/9/26
Your Name:	Li Xu
Manuscript Title:	_ The efficacy and safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy a	s a second-line or later treatment option for advanced non-small cell lung cancer
Manuscript number	(if known):
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	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		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	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	X_None	
12	Descipt of agricument	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None		

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Date:	2022/9/26	
Your Name:	Yi Kong	· · · · · · · · · · · · · · · · · · ·
Manuscript Title:	The efficacy a	nd safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy	as a second-line	or later treatment option for advanced non-small cell lung cancer
Manuscript number	(if known):	
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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				
	meetings and/or traver					
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-	X None				
	financial interests					
Dlas	Please summarize the above conflict of interest in the following bove					

None		

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Date:	2022/9/26	
Your Name:	Kang Li	
Manuscript Title:	The efficacy a	nd safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy	as a second-line	or later treatment option for advanced non-small cell lung cancer
Manuscript number	r (if known):	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	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	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None		

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Date:	2022/9/26	
Your Name:	Fang Xu	
Manuscript Title:	The efficacy a	nd safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy	as a second-line	or later treatment option for advanced non-small cell lung cancer
Manuscript number	r (if known):	
· •		

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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	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	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	
42		V N	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Dlas	ise summarize the above co	nflict of interest in the	following hov:

None		

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

form.

Date:	2022/9/26
Your Name:	Shuzhi Liang
Manuscript Title:	The efficacy and safety of immune checkpoint inhibitors combined with chemotherapy or anti-
angiogenic therapy	as a second-line or later treatment option for 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.

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)
	T	Time frame: Since the initial	plaining 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	

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	
	g. v. 1, v. v. v		
8	Patents planned, issued or	X None	
	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-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the	following box:

None		

 $\underline{\textbf{X}} \quad \textbf{I certify that I have answered every question and have not altered the wording of any of the questions on this}$ 

form.

Date	e:2022/9/21			
You	r Name: Andrés F. Car	rdona		
Man	uscript Title: The efficacy and	safety of immune c	heckpoint inhibitors combined with chemotherapy or anti-	
_		•	ion for advanced non-small cell lung cancer	
Man	uscript 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> .				
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, the time frame for disclosure is the past 36 months.				
	Name	all entities with	Specifications/Comments	
		you have this	(e.g., if payments were made to you or to your	
		onship or indicate	institution)	
	none (	add rows as		
		a) rame: Since the initial	planning of the work	
	Tille		prairing of the work	

		whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	(e.g., if payments were made to you or to your institution)  planning of the work
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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	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	XNone	
	Safety Monitoring Board or		
	Advisory Board		
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,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	^NOTIE	
Please summarize the above conflict of interest in the following box:			
rida	13E 3U11111111112E LITE ADOVE CO	muct of interest in the	ioliowing box.

None		

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

form.

Date:	_2022/9/26			
Your Name:	Lin Wu			
Manuscript Title:	_ The efficacy a	and safety of immune checkpoint inhibitors combined with chemotherapy or anti-		
angiogenic therapy as a second-line or later treatment option for 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.

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	Specifications/Comments	
		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 pla	anning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	Wu Jieping Medical Foundation (320.6750.19088- 11) to Lin Wu	Payments were made to my institution.	
	medical writing, article processing charges, etc.)  No time limit for this item.	the Health Research Foundation of Chinese Society of Clinical Oncology (Y-2019Genecast-024) to Lin Wu	Payments were made to my institution.	
		the Hunan Cancer Hospital Climb plan (ZX2020005-5) to Lin Wu	Payments were made to my institution.	
		the Hunan Provincial Natural Science Foundation of China (2021JJ30430) to Lin Wu	Payments were made to my institution.	
	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	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	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	
10			
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	AstraZeneca, Roche, Bristol-	Personal fees
	financial interests	Myers Squibb, MSD, Pfizer,	
		Lilly, Boehringer Ingelheim,	
		Merck, Innovent, and Hengrui	

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

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.