

# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Jame Abraham

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known): 150403-INS-CMED-TR-3

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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

# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Peter Bazeley

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Aaron Bernstein

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Thomas Budd

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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11	Stock or stock options	__x__ None	
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# ICMJE DISCLOSURE FORM

Date: \_\_September 2, 2021

Your Name: \_\_Sarat Chandarlapaty

Manuscript Title: \_\_ Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	

3	Royalties or licenses	<input type="checkbox"/> None received research support from Daiichi Sankyo and <a href="#">Paige.ai</a> , clinical trial support from Novartis, Lilly, and Sanofi, and consulting honoraria from Lilly and Novartis.	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical	<input checked="" type="checkbox"/> None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Yoon-Mi Chung

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: DownsKelley

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Aimalie Hardaway

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Stanley Hazen

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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<b>Time frame: past 36 months</b>			
2		<u>None</u>	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input type="checkbox"/> None S.L.H. reports being named as co-inventor on pending and issued patents held by the Cleveland Clinic relating to cardiovascular diagnostics and therapeutics, and being eligible to receive royalty payments for inventions or discoveries related to cardiovascular diagnostics or therapeutics from Cleveland HeartLab, a fully owned subsidiary of Quest Diagnostics, and Procter & Gamble. S.L.H. also reports being a paid consultant for Procter & Gamble, and having received research funds from Procter & Gamble and Roche Diagnostics.	
4	Consulting fees	<input checked="" type="checkbox"/> None	investigator
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6		<input checked="" type="checkbox"/> None	

	Payment for expert testimony		
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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# ICMJE DISCLOSURE FORM

Date: \_\_\_ September 2, 2021

Your Name: \_Megan Kruse

Manuscript Title:\_\_\_ Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Xiuxiu Li

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

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7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__ None	
11	Stock or stock options	__x__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__ None	
13	Other financial or non-financial interests	__x__ 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.**

# ICMJE DISCLOSURE FORM

Date: \_\_\_ September 2, 2021

Your Name: \_Jeff McManus

Manuscript Title:\_\_\_ Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known):\_\_\_ 150403-INS-CMED-TR-3

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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

# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Halle Moore

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known): 150403-INS-CMED-TR-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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

# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Fumi Nakamura

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known): 150403-INS-CMED-TR-3

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	



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

# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Serena Nik-Zainal

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known): 150403-INS-CMED-TR-3

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

3	Royalties or licenses	<input type="checkbox"/> None filed patents on multiple mutational- signature-base algorithms	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None consulted for or served on the advisory boards of Artios Pharma Ltd, Astra Zeneca and the Scottish Genomes Partnership	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical	<input checked="" type="checkbox"/> None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please place an “X” next to the following statement to indicate your agreement:**

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

# ICMJE DISCLOSURE FORM

Date: \_\_\_ September 2, 2021

Your Name: \_Mona Patel

Manuscript Title:\_\_\_ Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known):\_\_\_ 150403-INS-CMED-TR-3

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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



# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Nima Sharifi

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known): 150403-INS-CMED-TR-3

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

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u> National Cancer Institute (R01CA236780 and R01CA172382), and a Prostate Cancer Foundation Challenge Award (to N.S.).	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None N.S. is a co-inventor on patents or patents filed for 3 $\beta$ -hydroxysteroid dehydrogenase in steroiddependent disease by Cleveland Clinic and may be eligible to receive royalty payments	
4	Consulting fees	<input type="checkbox"/> None consulting honoraria from Pfizer and Celgene	investigator
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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# ICMJE DISCLOSURE FORM

Date: \_\_\_ September 2, 2021

Your Name: \_ Wilson Tang

Manuscript Title:\_\_\_ Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known):\_ 150403-INS-CMED-TR-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None consultant for Sequana Medical A.G., Owkin Inc, and Relypsa Inc, and has received honorarium from Springer Nature for authorship/editorship and American Board of Internal Medicine for exam writing committee participation, all unrelated to the contents of this paper	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Mathew Thomas

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known): 150403-INS-CMED-TR-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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

# ICMJE DISCLOSURE FORM

Date: September 2, 2021

Your Name: Wei Wei

Manuscript Title: Adrenal-permissive *HSD3B1* genetic inheritance and risk of estrogen-driven postmenopausal breast cancer

Manuscript number (if known): 150403-INS-CMED-TR-3

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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

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