

ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Petra Huehnchen

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Else Kröner Fresenius</td> <td style="padding: 2px;">PhD student position, consumables</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>		Else Kröner Fresenius	PhD student position, consumables				
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 258 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="383 480 1516 617"> <tr> <td>Nord-Ostdeutsche Gesellschaft für Gynäkologische Onkologie (NOGGO e.V.)</td> <td>Honoraria for lectures</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Nord-Ostdeutsche Gesellschaft für Gynäkologische Onkologie (NOGGO e.V.)	Honoraria for lectures						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 825 1516 930"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="383 1041 1516 1146"> <tr> <td>Berlin Institute of Health</td> <td>travel grant</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Berlin Institute of Health	travel grant						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1476 1516 1581"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1667 1516 1772"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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Date: 01/31/2022

Your Name: Christian Schinke

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Nikola Bangemann

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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Date: 01/31/2022

Your Name: Adam David Dordevic

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1492 481"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 566 1492 663"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 900 1492 996"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 1323 1492 1420"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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Date: 01/31/2022

Your Name: Johannes Kern

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☒ 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: 01/31/2022

Your Name: Smilla Krystyna Maierhof

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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 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.

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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Hew Shi-Qi Lois

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Luca Nolte

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Peter Körtvelyessy

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Jens C. Göpfert

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: 01/31/2022

Your Name: Klemens Ruprecht

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Christopher J. Somps

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Jens-Uwe Blohmer

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Jalid Sehouli

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 480 1516 617"> <tr> <td>Nord-Ostdeutsche GEsellschaft für Gynäkologische Onkologie e.V. (NOGGO)</td> <td>Honoraria for lectures</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Nord-Ostdeutsche GEsellschaft für Gynäkologische Onkologie e.V. (NOGGO)	Honoraria for lectures						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1041 1516 1146"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1260 1516 1365"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Matthias Endres

Manuscript Title: Neurofilament proteins as potential biomarker in chemotherapy-induced polyneuropathy

Manuscript Number (if known): 154395-INS-CMED-RV-2

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 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)
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.	<input checked="" type="checkbox"/> None
		Click the tab key to add additional rows.
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None
	DFG	Germany's Excellence Strategy – EXC-2049 – 390688087
	DZNE	
	DZHK	
	BMBF	
	Fondation Leducq	
	EU	
	Corona Foundation	
	Bayer Vital	Unrestricted grant to Charité for MonDAFIS study and Berlin AFib registry (no personal fees)

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="383 499 1516 636"> <tr> <td>Bayer</td> <td>Fees paid to institution (no personal fees)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Bayer	Fees paid to institution (no personal fees)												
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1499 1516 1600"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="383 1715 1516 1948"> <tr> <td>BMS</td> <td>Country PI for Axiomatic-SSP; Fees paid to institution (no personal fees)</td> </tr> <tr> <td>Bayer</td> <td>Country PI for NAVIGATE-ESUS; Fees paid to institution (no personal fees)</td> </tr> <tr> <td>AstraZeneca</td> <td>Fees paid to institution (no personal fees)</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>Fees paid to institution (no personal fees)</td> </tr> <tr> <td>Daiichi Sankyo</td> <td>Fees paid to institution (no personal fees)</td> </tr> </table>		BMS	Country PI for Axiomatic-SSP; Fees paid to institution (no personal fees)	Bayer	Country PI for NAVIGATE-ESUS; Fees paid to institution (no personal fees)	AstraZeneca	Fees paid to institution (no personal fees)	Boehringer Ingelheim	Fees paid to institution (no personal fees)	Daiichi Sankyo	Fees paid to institution (no personal fees)				
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		EAN	Board of directors (member at large), fellow, unpaid
		DGN	Member, unpaid
		ISCBFM	Member, unpaid
		AHA/ASA	Member, unpaid
		ESO	Fellow of the ESO, unpaid
		WSO	Member, unpaid
		DZHK (German Centre of Cardiovascular Research)	PI, unpaid
		DZNE (German Center of Neurodegenerative Diseases)	PI, personal contract/paid
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	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 01/31/2022

Your Name: Wolfgang Boehmerle

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