

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

## 2. The work under consideration for publication.

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### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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Owen 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Caroline	rst Name)	2. Surname (Last Nam Owen	e)		3. Date 12-February-2020		
4. Are you the corresponding author?		✓ Yes No					
	5. Manuscript Title T"eeing Up A Novel Therapy for Lymphangioleiomyomatosis						
6. Manuscript Identifying Number (if you know it) Red-2020-0049ED							
Section 2.	The Work Under Co						
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grant			commercial, private foundation, eddesign, manuscript preparation,	ic.) for	
Section 3.	Relevant financial	activities outside t	he submitted	work.			
of compensation	) with entities as descri	bed in the instruction	s. Use one line fo	or each entity;	elationships (regardless of amo ; add as many lines as you nee months prior to publication	d by	
	evant conflicts of intere		lo				
If yes, please fill o	out the appropriate info	ormation below.					
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments		
/ertex Pharmaceutica	als Inc.				Owen is an employee of this npany and receives a salary.		
	ı						
Section 4.	Intellectual Proper	ty Patents & Cop	yrights				
Do you have any	patents, whether plan	ned, pending or issue	d, broadly releva	nt to the worl	k? ☐ Yes ✓ No		

Owen 2



Section 5. Relationships not covered above				
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6. Disclosure Statement				
Disclosure Statement				
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Dr. Owen reports other from Vertex Pharmaceuticals Inc., outside the submitted work; .				

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Rojas Quintero 1



Section 1. Identifying Inform	nation					
Given Name (First Name)  Joselyn	2. Surname (Last Name) Rojas Quintero	3. Date 12-February-2020				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Caroline A. Owen				
5. Manuscript Title "T"eeing Up A Novel Therapy for Lymphangioleiomyomatosis						
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of compensation) with entities as descr	ribed in the instructions. U port relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .				
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Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes V No				

Rojas Quintero 2



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Dr. Rojas Quintero has nothing to disclose.					

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Wang 1



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