Date:	2021.4.10	-1 -1-				
Your Name:		Shenth	Yang			
Manuscript Title:_'	The Status of Ana	ciety state amo	ng cance	r patients and	d their relatives during coronavirus disea	se
2019 (COVID-19)			_			
Manuscript number	r (if known):	APM-21-745		-		

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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1875		Time frame: Since the initia	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.	None	
14.5 (d)		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	,
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,	The same of the sa	
	speakers bureaus, manuscript writing or educational events		
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	None	
	Safety Monitoring Board or Advisory Board		
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	None	
13	Services Other financial or non- financial interests	None	

PI	ease summarize	the	above	conflict	of i	nterest	in	the	fol	lowing b	ох:
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No	ĕ

Date:	_2021.4.10
Your Name:	Huang, Ya.o
Manuscript Title:_T	ne Status of Auxiety state among cancer patients and their relatives during coronavirus disease
2019 (COVID-19) ii	
Manuscript number	(if known): APM-21-745

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 initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
	PARTICIPATE SERVICE	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

ease summarize tl	ne above conflict of interest in the following box:	
	Hueng. You.	

Date:	202	1.4.10	
Your Name:_	Yating	Song	
Manuscript Ti	itle:_The S	tatus of An	xiety state among cancer patients and their relatives during coronavirus disease
2019 (COVII	0-19) in Hu	bei, China	
Manuscript no	umber (if kı	nown):	APM-21-745

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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)
W		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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	-
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0	Deuticipation on a Data	None	7
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
100			
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	na v		-
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
- 4	financial interests		
8 5			

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

Yating Song.

NO.

Date:	2021.4.10	
Your Name:	Chengron	& Shu
Manuscript Title:_	The Status of An	xiety state among cancer patients and their relatives during coronavirus disease
2019 (COVID-19)		
Manuscript number	er (if known):	_APM-21-745

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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	COURS REPORT WITH EATHER AND THE TENNE	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.	None	
		Time frame: past	: 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None				-1-
	lectures, presentations,					
	speakers bureaus, manuscript writing or educational events		· •	 4 =	***************************************	
6	Payment for expert testimony	None				
7	Support for attending meetings and/or travel	None		55 5 X		
	inceange analysis					,
8	Patents planned, issued or pending	None				
9	Participation on a Data	None		_		
	Safety Monitoring Board or Advisory Board		-			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		N		***
11	Stock or stock options	None		ч		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non- financial interests	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.

Changrong Shu

Date:	2021.4.10	
Your Name:		en N; Chen
Manuscript Title:_Th	e Status of Anxio	y state among cancer patients and their relatives during coronavirus disease
2019 (COVID-19) in	Hubei, China	
Manuscript number (if known):/	PM-21-745

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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 initia	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.	None	
是經		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6 F	ectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	News	
6 F	manuscript writing or educational events Payment for expert	Neger	
6 F	educational events Payment for expert	News	
6 F	Payment for expert	Ness	
	testimony	None	
7 9			
7 9		a N Leverse 2	
	Support for attending meetings and/or travel	None	
8 1	Patents planned, issued or	None	
	pending		
	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
		6	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non- financial interests	None	
	imanciai interests		
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form.

Meng N: Chen

Date:	_2021.4.10	
Your Name:	Guolima Pi	
Manuscript Title:_	he Status of Anxiety state among cancer patients and their relatives during coronavirus o	lisease
2019 (COVID-19)	ı Hubei, China	
Manuscript number	(if known): APM-21-745	

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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 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	meetings unity or craver		
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	

Please summarize the above conflict of interest in the following box:

	r	
- Ann	No	

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

Date:20	021.4.10
Your Name: Min	JIV
Manuscript Title:_The	Status of Anxiety state among cancer patients and their relatives during coronavirus disease
2019 (COVID-19) in H	ubei, China
Manuscript number (if	known):APM-21-745

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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.	None	
	Manual Control of the	Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events	-	
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	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	,
13	services Other financial or non-	None	
	financial interests		

P	Please summarize the above conflict of interest in the following box:		
	NO		
	/ √ ○		

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

Min Jin

Date:	_2021.4.10	
Your Name:	Ren Wang	shon
Manuscript Title:_T	he Status of Anxiety state a	among cancer patients and their relatives during coronavirus disease
2019 (COVID-19) in		
Manuscript number	(if known):APM-21-7	45

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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)
	AND THE PROPERTY OF THE PROPER	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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
5	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	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

ease summarize the above conflict of interest in the following box:			
	N o		

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

penwang then

Date:	_2021.4.10	
Your Name:	inchuang wang	
Manuscript Title:_	he Status of Anxiety state among cancer patients and their relatives duri	ng coronavirus disease
2019 (COVID-19)		
Manuscript number	(if known):APM-21-745	

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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)
	国的特别的 (1994年)	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.	None	
	COMPLETE WASHINGTON ST	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
=	speakers bureaus, manuscript writing or educational events		
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	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid 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	

Please summarize the above conflict of interest in the following box:

No	

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.

Qiushuang wing

Date:2021.4.10	
Your Name:	Tian chang
Manuscript Title:_The Status of Anxiet	state among cancer patients and their relatives during coronavirus disease
2019 (COVID-19) in Hubei, China	
Manuscript number (if known):Al	M-21-745

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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)
音音	COMPANIES OF THE PROPERTY OF THE PARTY.	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.	None	
	THE STATE OF THE S	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
- 1	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
	Payment for expert testimony	None	
	Support for attending meetings and/or travel	None	
3	Patents planned, issued or pending	None	
)	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	
.1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests		

Date:2021.4.10	
Your Name: Zhigang Zux	
Manuscript Title!_The Status of Anx	iety state among cancer patients and their relatives during coronavirus disease
2019 (COVID-19) in Hubei, China_	
Manuscript number (if known):	APM-21-745

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	intectings and, or travel		
		* × ×	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
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	

N	<i>'\b.</i>		

Zhigangzuro

Date:	2021.4.10	
Your Name:	Jianli Hu	,
Manuscript Title:_	The Status of Ar	xiety state among cancer patients and their relatives during coronavirus disease
2019 (COVID-19)		
Manuscript numb	er (if known):	_APM-21-745

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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.	None	at platfilling of the work
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

to serve allow.	10 # San 20 m