

#### **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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Chuong 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Michael	2. Surname (Last Na Chuong	me)		3. Date 20-April-2020		
4. Are you the corresponding author?	✓ Yes No					
5. Manuscript Title Neoadjuvant chemoradiation for resecta	able and borderline	resectable pancre	atic cance	er: is there a benefit?		
6. Manuscript Identifying Number (if you kn	ow it)					
Section 2. The Work Under Co	nsideration for P	ublication				
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?						
-	Are there any relevant conflicts of interest? Yes V No					
Section 3. Relevant financial a	activities outside	the submitted	work.			
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep	oed in the instructio	ns. Use one line fo	or each en	tity; add as many lines as you need by		
Are there any relevant conflicts of interest?  Ves  No						
If yes, please fill out the appropriate info	rmation below.					
Name of Entity	Grant? Personal	Non-Financial	Other?	Comments		
/iewRay	Fees?	Support?		speakers bureau, medical advisory board, research funding		
AstraZeneca				research funding		
		_				
Section 4. Intellectual Proper	ty Patents & Co	nyriahts				
Do you have any patents, whether plann	ned, pending or issu	ed, broadly releva	nt to the v	work?		

Chuong 2



Section 5. Polationships not sovered above				
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Section 6. Disclosure Statement				
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Dr. Chuong reports grants, personal fees and other from ViewRay, grants from AstraZeneca, outside the submitted work; .				

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Tchlebi 1



Section 1. Identifying	g Information				
1. Given Name (First Name) Leila	2. Surname (Last Name) Tchlebi	3. Date 20-April-2020			
4. Are you the corresponding aut	hor? Yes 🗸 No	Corresponding Author's Name Michael Chuong			
5. Manuscript Title Neoadjuvant chemoradiation	for resectable and borderline resec	table pancreatic cancer: is there a benefit?			
6. Manuscript Identifying Numbe	er (if you know it)				
Section 2. The Work	Jnder Consideration for Public	cation			
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Section 3. Relevant fi	nancial activities outside the s	submitted work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4. Intellectua	l Property Patents & Copyric	ghts			
Do you have any patents, whe	ther planned, pending or issued, br	roadly relevant to the work? Yes V No			

Tchlebi 2



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Dr. Tchelebi has nothing to disclose.				

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Tuil 1



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1. Given Name (First Name) Richard	2. Surname (Last Name) Tuil	3. Date 20-April-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Michael Chuong
5. Manuscript Title Neoadjuvant chemoradiation for resect	table and borderline resec	ctable pancreatic cancer: is there a benefit?
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any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intered If yes, please fill out the appropriate info Excess rows can be removed by pressin	ormation below. If you hav	ve more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Noi	on-Financial Other? Comments
AstraZeneca	<b>✓ ✓</b>	
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Dr. Tuil reports grants and personal fees from AstraZeneca, during the conduct of the study; .			

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