Date: 4,20,21	· , , , ,	/		
Your Name:		Canni		
Manuscript Title:	New Empti	ers in	Thetreatment of Children is carcinoma	
Manuscript numbe	r (if known):			

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 <u>current</u> <u>manuscript only</u>.

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

5	Payment or honoraria for	None	
	lectures, presentations,	数 位的有限的数据中心的发现	Constitution of the consti
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	BOOK TOWNS AND THE STATE OF THE	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		**** = ·
	services		
13	Other financial or non-	None	THE TRANSPORT OF SECURITIES AND A SECURITIES.
	financial interests		
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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.

n (19/21								
Vour Name:	AMILLE	ANEIM	1						
Manuscript Title:	NEW AR	INTIERS/	IN THE	TREAT	MENT	of che	LANG	10 CARC	INOMA
Manuscript numb	er (if known):								

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		Time frame: pas	st 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	

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	Payment or honoraria for	(None)	
lectures, presen	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	(None)	
	testimony		
7	Support for attending	(None)	
	meetings and/or travel		
	meetings and/or traver		
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	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	(None)	
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	writing, gifts or other		생기 사용되고를 마음 시민중앙인경 등로 모임으로 함께 하는
	services	1.12.2	
13	Other financial or non-	None /	
	financial interests		

Pleas# 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.

Date: April	19, 2021
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Your Name: Kim, Daniel Jae

Manuscript Title: New Frontiers in the Treatment of Cholangiocarcinoma: A Narrative Review

Manuscript number (if known):______

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Dovernment or honoroxic for	None
Э	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
_	educational events	
6	Payment for expert	None
	testimony	
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	
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13	Other financial or non-	None
	financial interests	
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Daniel Kim reports no conflicts of interest		

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.

Date: 4	4/19/21
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Your Name: Daneng Li

Manuscript Title: New Frontiers in the Treatment of Cholangiocarcinoma: A Narrative Review

Manuscript number (if known):______

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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	
2	Grants or contracts from	Time frame: past Brooklyn	36 months institution
2	any entity (if not indicated	Immunotherapeutics	institution
	in item #1 above).	AstraZeneca	institution
3	Royalties or licenses	None	
4	Consulting fees	QED Merck	Self Self

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	writing, gifts or other services 13 Other financial or non- None	
	services 13 Other financial or non- None	
13 Other financial or non- None	financial interests	
financial interests		

Dr. Li reports grants from Brooklyn Immunotherapeutics and AstraZeneca to his institution as well as personal fees from Lexicon, Ipsen, Eisai, Exelixis, Advanced Accelerator Applications, Bayer, Genentech, Taiho, Coherus, Sun Pharma, TerSera, Merck, and QED, all outside the submitted work.

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.				

Date: April 20, 2021

Your Name: Vincent Chung

Manuscript Title: New Frontiers in the Treatment of Cholangiocarcinoma: A Narrative Review

Manuscript number (if known):

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Merck None	36 months
4	Consulting fees	Pfizer Perthera	

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

Vincent Chung has received research support from Merck to City of Hope. He has also received Pfizer and Perthera. He received speaking fee from Ipsen, Coherus and Celgene. All funds rec	•
to this manuscript	

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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.