ICMJE DISCLOSURE FORM

Date: 23/01/2024

Your Name: Andréia Cristina de Melo

Manuscript Title: Exploring Racial and Ethnic Disparities in Cervical Cancer's Histologic Subtypes

Manuscript number (if known): GPM-23-42

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 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.

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) 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	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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Amgen, AstraZeneca, Bristol Myers Squibb, Clovis Oncology, GSK, MSD, Novartis, Regeneron, Roche	Payment to the institution
3	Royalties or licenses	xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca, Bristol Myers Squibb, GSK, MSD, Novartis and Roche	Payments to me
6	Payment for expert	xNone	
	testimony		
-		NI NI	
7	Support for attending meetings and/or travel	_xNone	
	meetings and or traver		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca, Bristol Myers Squibb, GSK, MSD, Novartis and Roche	Payments to me
	Safety Monitoring Board or Advisory Board	Bristol Myers Squibb, GSK, MSD, Novartis and Roche	Payments to me
9	Safety Monitoring Board or Advisory Board Leadership or fiduciary role	Bristol Myers Squibb, GSK, MSD,	Payments to me
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy	Bristol Myers Squibb, GSK, MSD, Novartis and Roche	Payments to me
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society,	Bristol Myers Squibb, GSK, MSD, Novartis and Roche	Payments to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Bristol Myers Squibb, GSK, MSD, Novartis and Rochex_None	Payments to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	Bristol Myers Squibb, GSK, MSD, Novartis and Roche xNonexNone	Payments to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	Bristol Myers Squibb, GSK, MSD, Novartis and Rochex_None	Payments to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	Bristol Myers Squibb, GSK, MSD, Novartis and Roche xNonexNone	Payments to me
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	Bristol Myers Squibb, GSK, MSD, Novartis and Roche xNonexNone	Payments to me
10 11 12	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	Bristol Myers Squibb, GSK, MSD, Novartis and Roche x_Nonex_Nonex_None	Payments to me

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

Andréia Cristina de Melo receives the payments from Amgen, AstraZeneca, Bristol Myers Squibb, Clovis Oncology, GSK, MSD, Novartis, Regeneron, Roche.

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.

ICMJE DISCLOSURE FORM

Date: 23/01/2024

Your Name: Sofia Vidaurre Mendes

Manuscript Title: Exploring Racial and Ethnic Disparities in Cervical Cancer's Histologic Subtypes

Manuscript number (if known): GPM-23-42

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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

ICMJE DISCLOSURE FORM

Date: 06/01/2024_

Your Name: Jessé Lopes da Silva

Manuscript Title: Exploring Racial and Ethnic Disparities in Cervical Cancer's Histologic Subtypes

Manuscript number (if known): GPM-23-42

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	_xNone	
	se summarize the above co	nflict of interest in the follo	owing box:

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

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