ICMJE DISCLOSURE FORM

Date:	8/22/2021
Your Name:	Bruno de Paula
Manuscript Title:	Considerations of systemic treatment for matrix-producing carcinoma (MPC) with curative intent
Manuscript Number (if known):	Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. 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.

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		Time frame: Since the initial planning	of the work
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		Time frame: past 36 month	IS
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3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	/ments were
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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 Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	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.			

ICMJE DISCLOSURE FORM

Date:	8/25/2021
Your Name:	Ana Filipa Palma dos Reis
Manuscript Title:	Considerations of systemic treatment for matrix-producing carcinoma (MPC) with curative intent
Manuscript Number (if known):	Click or tap here to enter text.

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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 Safety Monitoring Board or Advisory Board	☑ None □ □ □ □	
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Date:	8/22/2021
Your Name:	Susanne Crocamo
Manuscript Title:	Considerations of systemic treatment for matrix-producing carcinoma (MPC) with curative intent
Manuscript Number (if known):	Click or tap here to enter text.

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