| Date:2023-02-13  |       |
|--|-------|
| Your Name: Xinxue Wang   | _     |
| Manuscript Title:_ The clinical characteristics of pancreatic colloid carcinoma and the development and validation | ofits |
| cancer-specific survival prediction nomogram   |       |
| 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)   |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Funding   | This work was supported by grants from the Zhejiang<br>Provincial Natural Science Foundation of China (No.<br>LGF19H030006), the Ningbo Science and Technology<br>Project (No. 2019C50100), the Major Special Science and<br>Technology Project of Ningbo city (No. 2022Z128) and<br>the Ningbo Clinical Medicine Research Center Project<br>(No. 2019A21003) |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None  |   |
| 3 | Royalties or licenses  | None  |   |
| 4 | Consulting fees  | None  |   |

| 5   | Payment or honoraria for     | None |  |
|-----|------------------------------|------|--|
| 5   | lectures, presentations,     |      |  |
|     | speakers bureaus,            |      |  |
|     | manuscript writing or        |      |  |
|     | educational events           |      |  |
| 6   | Payment for expert           | None |  |
| Ŭ   | testimony                    |      |  |
|     | cestimony                    |      |  |
| 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 |  |
|     | 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      |      |  |
| 4.5 | services                     |      |  |
| 13  | Other financial or non-      | None |  |
|     | financial interests          |      |  |
|     |                              |      |  |

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

| Date:2023-02-13  |               |
|--|---------------|
| Your Name: Shenzhe Fang  |               |
| Manuscript Title:_ The clinical characteristics of pancreatic colloid carcinoma and the development and vali | dation of its |
| cancer-specific survival prediction nomogram   |               |
| Manuscript number (if known):  |               |

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| 2 | Grants or contracts from   | None  |   |
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|   | in item #1 above).   |   |   |
| 3 | Royalties or licenses  | None  |   |
|   |  |   |   |
|   |  |   |   |
| 4 | Consulting fees  | None  |   |
|   |  |   |   |
|   |  |   |   |

| 5  | Payment or honoraria for     | None |  |
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| 5  | lectures, presentations,     |      |  |
|    | speakers bureaus,            |      |  |
|    | manuscript writing or        |      |  |
|    | educational events           |      |  |
| 6  | Payment for expert           | None |  |
| Ŭ  | testimony                    |      |  |
|    | cestimony                    |      |  |
| 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 |  |
|    | 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          |      |  |
|    |                              |      |  |

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

| Date:2023-02-13   |             |
|---|-------------|
| Your Name: Yiming Shen  |             |
| Manuscript Title:_ The clinical characteristics of pancreatic colloid carcinoma and the development and validat | tion of its |
| cancer-specific survival prediction nomogram  |             |
| Manuscript number (if known):   |             |

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| 3 | Royalties or licenses  | None  |   |
| 4 | Consulting fees  | None  |   |

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

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

| Date:2023-02-13   |              |
|---|--------------|
| Your Name: Jia Luo  |              |
| Manuscript Title:_ The clinical characteristics of pancreatic colloid carcinoma and the development and valid | ation of its |
| cancer-specific survival prediction nomogram  |              |
| Manuscript number (if known):   |              |

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

| 5  | Payment or honoraria for     | None |  |
|----|------------------------------|------|--|
| 5  | lectures, presentations,     |      |  |
|    | speakers bureaus,            |      |  |
|    | manuscript writing or        |      |  |
|    | educational events           |      |  |
| 6  | Payment for expert           | None |  |
| Ŭ  | testimony                    |      |  |
|    | cestimony                    |      |  |
| 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 |  |
|    | 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          |      |  |
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## Please place an "X" next to the following statement to indicate your agreement:

| Date:2023-02-13  |             |
|--|-------------|
| Your Name: Huiwei Liu  |             |
| Manuscript Title:_ The clinical characteristics of pancreatic colloid carcinoma and the development and valida | tion of its |
| cancer-specific survival prediction nomogram   |             |
| Manuscript number (if known):  | _           |

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

| 5  | Payment or honoraria for     | None |  |
|----|------------------------------|------|--|
| 5  | lectures, presentations,     |      |  |
|    | speakers bureaus,            |      |  |
|    | manuscript writing or        |      |  |
|    | educational events           |      |  |
| 6  | Payment for expert           | None |  |
| Ŭ  | testimony                    |      |  |
|    | cestimony                    |      |  |
| 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 |  |
|    | 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          |      |  |
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## Please place an "X" next to the following statement to indicate your agreement:

| Date:2023-02-13  |        |
|--|--------|
| Your Name: Dan Zhao  |        |
| Manuscript Title:_ The clinical characteristics of pancreatic colloid carcinoma and the development and validation | of its |
| cancer-specific survival prediction nomogram   |        |
| Manuscript number (if known):  |        |

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|   | in item #1 above).   |   |   |
| 3 | Royalties or licenses  | None  |   |
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|   |  |   |   |
| 4 | Consulting fees  | None  |   |
|   |  |   |   |
|   |  |   |   |

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

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

| Date:2023-02-13  |   |
|--|---|
| Your Name: Hua Ye  |   |
| Manuscript Title:_ The clinical characteristics of pancreatic colloid carcinoma and the development and validation of it | s |
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| Manuscript number (if known):  |   |

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|   |  |   |   |
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|    |                              |      |  |
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|    | Advisory Board               |      |  |
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|    | 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          |      |  |
|    |                              |      |  |

This work was supported by grants from the Zhejiang Provincial Natural Science Foundation of China (No. LGF19H030006), the Ningbo Science and Technology Project (No. 2019C50100), the Major Special Science and Technology Project of Ningbo city (No. 2022Z128) and the Ningbo Clinical Medicine Research Center Project (No. 2019A21003).

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

| Date:2023-02-13   |        |
|---|--------|
| Your Name: Hong Li  |        |
| Manuscript Title:_ The clinical characteristics of pancreatic colloid carcinoma and the development and validation of | of its |
| cancer-specific survival prediction nomogram  |        |
| 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.

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)   |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Funding   | This work was supported by grants from the Zhejiang<br>Provincial Natural Science Foundation of China (No.<br>LGF19H030006), the Ningbo Science and Technology<br>Project (No. 2019C50100), the Major Special Science and<br>Technology Project of Ningbo city (No. 2022Z128) and<br>the Ningbo Clinical Medicine Research Center Project<br>(No. 2019A21003) |
|   |  | Time frame: past  | · · ·   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None  |   |
| 3 | Royalties or licenses  | None  |   |
| 4 | Consulting fees  | None  |   |

| 5  | Payment or honoraria for     | None |  |
|----|------------------------------|------|--|
| 5  | lectures, presentations,     |      |  |
|    | speakers bureaus,            |      |  |
|    | manuscript writing or        |      |  |
|    | educational events           |      |  |
| 6  | Payment for expert           | None |  |
| Ŭ  | testimony                    |      |  |
|    | cestimony                    |      |  |
| 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 |  |
|    | 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          |      |  |
|    |                              |      |  |

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