ICMJE DISCLOSURE FORM

| Date: Oct. 4th, 202 | 3 |
|---------------------|--|
| Your Name: Dowo | on Lee |
| Manuscript Title: | Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for |
| recurrent ovarian o | acner |
| 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.

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|---|--|--|---|
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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 lectures, presentations, speakers bureaus, | XNone |
|----|--|--------|
| | manuscript writing or educational events | |
| 6 | Payment for expert testimony | _XNone |
| 7 | Support for attending meetings and/or travel | _XNone |
| 8 | Patents planned, issued or pending | _XNone |
| 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 |
| | | |

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| Date: Oct. 4 th , 202 | 3 | | | |
|---|---|--|--|--|
| Your Name: Jinhye Lee | | | | |
| Manuscript Title: <u>Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for</u> | | | | |
| recurrent ovarian cacner | | | | |
| Manuscript number (if known): | | | | |

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| 7 | Support for attending meetings and/or travel | _XNone | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| 0 | pending | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _XNone | |
| | in other board, society, committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _XNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _XNone | |
| | financial interests | | |
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| Date: Oct. 4th, 2023 | 3 | | | |
|------------------------|---|--|--|--|
| Your Name: <u>Hyem</u> | in Park | | | |
| Manuscript Title: | Nanuscript Title:Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for | | | |
| recurrent ovarian c | acner | | | |
| Manuscript numbe | r (if known): | | | |

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| 5 | Payment or honoraria for | _XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| Ū | testimony | | |
| | , | | |
| 7 | Support for attending meetings and/or travel | _XNone | |
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| 8 | Patents planned, issued or | _XNone | |
| | pending | | |
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| 9 | Participation on a Data Safety Monitoring Board or | _XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
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| | | | |
| 12 | Receipt of equipment, | _XNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| - | financial interests | | |
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| Date: Oct. 4 th , 2023 | 3 |
|-----------------------------------|--|
| Your Name: Yong | Jae Lee |
| Manuscript Title: | Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for |
| recurrent ovarian c | acner |
| Manuscript numbe | r (if known): |

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| | | Time frame: past | 36 months |
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| 3 | Royalties or licenses | _XNone | |

| 4 | Consulting fees | XNone | |
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| 5 | Doumont or honororio for | X None | |
| 5 | Payment or honoraria for lectures, presentations, | _XNone | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | _XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| <i>'</i> | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 9 | Participation on a Data Safety Monitoring Board or | _XNone | |
| | 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, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Date: <u>Oct. 4th, 2023</u> | 3 |
|--|--|
| Your Name: <u>Jung-</u> | Yun Lee |
| Manuscript Title: | Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for |
| <u>recurrent ovarian c</u> | acner |
| Manuscript numbe | r (if known): |

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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 | |
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| 4 | Consulting fees | _XNone | |
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| 5 | Payment or honoraria for lectures, presentations, | _XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | _XNone | |
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| 8 | Patents planned, issued or | _XNone | |
| | pending | | |
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| 9 | Participation on a Data | _XNone | |
| | Safety Monitoring Board or | | |
| 10 | 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 | |
| | financial interests | | |
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| Date: Oct. 4 th , 2023 | 3 |
|-----------------------------------|--|
| Your Name: <u>Eun Ji</u> | Nam |
| Manuscript Title: | Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for |
| recurrent ovarian c | acner |
| Manuscript numbe | r (if known): |

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| | Grants or contracts from any entity (if not indicated in item #1 above). | | |
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| 4 | Consulting fees | _XNone | |
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| 6 | Payment for expert testimony | _XNone | |
| 7 | Support for attending meetings and/or travel | _XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 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 | |

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Date: <u>Oct. 4th, 2023</u> Your Name: <u>Sang Wun Kim</u>

Manuscript Title: <u>Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for</u> <u>recurrent ovarian cacner</u>

Manuscript number (if known): ______

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| | manuscript (e.g., funding, | Pharmaceutical Co. Ltd | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past 36 months |
|----|--|----------------------------|
| 2 | Grants or contracts from | _XNone |
| | any entity (if not indicated | |
| | in item #1 above). | |
| 3 | Royalties or licenses | XNone |
| | | |
| | | |
| 4 | Consulting fees | _XNone |
| | | |
| 5 | Payment or honoraria for | X None |
| 5 | lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | _XNone |
| | testimony | |
| | | |
| 7 | Support for attending | _XNone |
| | meetings and/or travel | |
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| | | |
| 8 | Patents planned, issued or | _XNone |
| | pending | |
| 9 | Participation on a Data | X None |
| 9 | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | Leadership or fiduciary role | X None |
| | in other board, society, | |
| | committee or advocacy | |
| | group, paid or unpaid | |
| 11 | Stock or stock options | _XNone |
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| 42 | | |
| 12 | Receipt of equipment, | _XNone |
| | materials, drugs, medical writing, gifts or other | |
| | services | |
| 13 | Other financial or non- | X None |
| | financial interests | |
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| Date: Oct. 4th, 202 | 3 |
|---------------------|--|
| Your Name: Sung | hoon Kim |
| Manuscript Title: | Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for |
| recurrent ovarian | <u>cacner</u> |
| Manuscript numb | er (if known): |

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| Date: Oct. 4th, 2023 | |
|----------------------|--|
| Your Name: Young | g Tae Kim |
| Manuscript Title: | Secondary cytoreductive surgery with and without hyperthermic intraperitoneal chemotherapy for |
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| Manuscript numbe | r (if known): |

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