Date: November. 9th, 2021

Your Name: Mohamed Abdelgawad

Manuscript Title: Extensive Lymphadenopathy Leading to Cancerous Pericardial Effusion and Tamponade in A T1

Pancreatic Head Adenocarcinoma; A Case report Manuscript number (if known): GS-21-670-CL

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.

		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 initial	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).	XNone	
3	Royalties or licenses	XNone	
Δ	Consulting fees	X None	

		I	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
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,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		
	ariciai iricci ests		

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

Nothing to disclose	

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

__X_ I (Mohamed Abdelgawad) certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: November. 9th, 2021 Your Name: Mahmoud Omar

Manuscript Title: Extensive Lymphadenopathy Leading to Cancerous Pericardial Effusion and Tamponade in A T1

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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,	XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	V None			
/	meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
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	X None			
12	Receipt of equipment,	X_None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	Nothing to disclose				
	Nothing to disclose				
L					
Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:		

__X_ I (Mahmoud Omar) certify that I have answered every question and have not altered the wording of any of the

questions on this form.

Date: November. 9th, 2021 Your Name: Hadeer Eltahan

Manuscript Title: Extensive Lymphadenopathy Leading to Cancerous Pericardial Effusion and Tamponade in A T1

Pancreatic Head Adenocarcinoma; A Case report Manuscript number (if known): GS-21-670-CL

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		Time frame: Since the initial	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).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	XNone			
	testimony				
	•				
7	Support for attending meetings and/or travel	XNone			
-					
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
9	Participation on a Data Safety Monitoring Board or	XNone			
	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			
42		V N			
12	Receipt of equipment, materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
	Please summarize the above conflict of interest in the following box: Nothing to disclose				

__X_ I (Hadeer Eltahan) certify that I have answered every question and have not altered the wording of any of the

questions on this form.

Date: November. 9th, 2021 Your Name: Tyler Davis

Manuscript Title: Extensive Lymphadenopathy Leading to Cancerous Pericardial Effusion and Tamponade in A T1

Pancreatic Head Adenocarcinoma; A Case report Manuscript number (if known): GS-21-670-CL

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		Time frame: Since the initial	planning of the work
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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	XNone	

	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
	·				
7	Support for attending meetings and/or travel	XNone			
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-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	Nothing to disclose				
	S				
Ple	Please place an "X" next to the following statement to indicate your agreement:				

__X_ I (Tyler Davis) certify that I have answered every question and have not altered the wording of any of the

questions on this form.

Date: November. 9th, 2021 Your Name: Lutfi Barghuthi

Manuscript Title: Extensive Lymphadenopathy Leading to Cancerous Pericardial Effusion and Tamponade in A T1

Pancreatic Head Adenocarcinoma; A Case report Manuscript number (if known): GS-21-670-CL

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ū	testimony		
	testimony		
	Comment for outline	V Name	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
Ū	pending		
	periang		
^	Double institute on a Data	V None	
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,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests	XNone	
	illiancial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	Nothing to disclose		

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

__X_ I (Lutfi Barghuthi) certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: November. 9th, 2021 Your Name: Emad Kandil

Manuscript Title: Extensive Lymphadenopathy Leading to Cancerous Pericardial Effusion and Tamponade in A T1

Pancreatic Head Adenocarcinoma; A Case report Manuscript number (if known): GS-21-670-CL

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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	X_None	
5	Payment or honoraria for	XNone	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
O	testimony	XNONE	
	testimony		
-	6 16 11 11	V N	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	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	
	financial interests		
	Pase summarize the above of Nothing to disclose	onflict of interest in the fo	llowing box:

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

__X_ I (Emad Kandil) certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: November. 9th, 2021 Your Name: Hisham Ismael

Manuscript Title: Extensive Lymphadenopathy Leading to Cancerous Pericardial Effusion and Tamponade in A T1

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		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as				
		needed)				
	Time frame: Since the initial planning of the work					
1	All support for the present	XNone				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	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- financial interests	XNone	
	ease summarize the above o	onflict of interest in the	following box:

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__X_ I (Hisham Ismael) certify that I have answered every question and have not altered the wording of any of the questions on this form.