

## ICMJE DISCLOSURE FORM

**Date:** 8/25/2022

**Your Name:** Zhiyu Yan

**Manuscript Title:** Pancreatic carcinoma disguised as type 1 autoimmune pancreatitis with a mass-forming appearance: a clinical dilemma

**Manuscript Number (if known):** HBSN-23-436

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.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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**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:** 8/25/2022

**Your Name:** Xiaoyan Chang

**Manuscript Title:** Pancreatic carcinoma disguised as type 1 autoimmune pancreatitis with a mass-forming appearance: a clinical dilemma

**Manuscript Number (if known):** HBSN-23-436

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## ICMJE DISCLOSURE FORM

**Date:** 8/25/2022

**Your Name:** Xiaoyin Bai

**Manuscript Title:** Pancreatic carcinoma disguised as type 1 autoimmune pancreatitis with a mass-forming appearance: a clinical dilemma

**Manuscript Number (if known):** HBSN-23-436

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**Your Name:** Xianlin Han

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**Manuscript Number (if known):** HBSN-23-436

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<b>Time frame: Since the initial planning of the work</b>			
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; padding: 2px;">                     [This study was supported by the National High Level Hospital Clinical Research Funding (2022-PUMCH-D-001, 2022-PUMCH-A-177, 2022-PUMCH-B-024, and 2022-PUMCH-C-063).]                 </div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</div>
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:** 8/25/2022

**Your Name:** Aiming Yang

**Manuscript Title:** Pancreatic carcinoma disguised as type 1 autoimmune pancreatitis with a mass-forming appearance: a clinical dilemma

**Manuscript Number (if known):** HBSN-23-436

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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