Date	:12/19/2023		
Your	Name:Mary Mart	os	
Man	uscript Title: Impro	ving Patient Stratification a	and Selection for Curative-Intent Treatment in Localized
Panc	reatic Cancer		
Man	uscript number (if known):		
relate partito transcriptor transcriptor the attention to the med	ted to the content of your name ies whose interests may be ansparency and does not notionship/activity/interest, it following questions apply touscript only. Buthor's relationships/activity endemiology of hyperterication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship vities/interests should be dension, you should declare action is not mentioned in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		T	T
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution,
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	X None	
	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	X None	
5	noyalties of ficerises	NOTIC	
4	Consulting fees	X None	

_	D		
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-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follow	owing box:
			- •

Date: 12/19/2023
Your Name: Haleh Amirian
Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreati
Cancer
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

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.

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.

		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.	X None	
		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	X None	
4	Consulting fees	X None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X None X None	
7	Support for attending	X None	
,	meetings and/or travel	Anone	
8	Patents planned, issued or pending	X None	
	perianig		
9	Participation on a Data	X None	
	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	X None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	ANOTE	
	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:

I have not conflict of interest to disclos	e.	

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

	te:12/19/2023			
	ur Name:Erin Margret [
		oving Patient Stratification	and Selection for Curative-Intent Treatment in Localize	ed
_	ncreatic Cancer			
Ma	nuscript number (if known)):		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperted ication, even if that medic	ension, you should declare ation is not mentioned in	·	ive
	e time frame for disclosure i	• •	d in this manuscript without time limit. For all other in	tems,
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		Time frame: Since the initia	l 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

_None

_x__None

in item #1 above).

Royalties or licenses

Consulting fees

3

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	x_None	
	pending		
9	Participation on a Data	x None	
,	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	
11	Stock of 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	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Da	te:12/19/2023				
	ur Name:Edmond V	 /. Box			
			n and Selection for Curative-Intent Treatment in Localiz	 zed	
	Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic Cancer				
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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 initia	al planning of the work		
1	All support for the present	None			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: pas	t 36 months		
2	Grants or contracts from	None	- Total Monens		
_	any entity (if not indicated	INOTIC			
	in item #1 above).				
3	Royalties or licenses	None			

Consulting fees

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	INUITE	
	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	
	Receipt of equipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	materials, drugs, medical	None	
	materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	materials, drugs, medical writing, gifts or other services		
12	materials, drugs, medical writing, gifts or other services Other financial or non-		
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12	materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	None	ollowing box:
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/activities/interests listed below that are on with for-profit or not-for-profit third		
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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
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		
11	group, paid or unpaid	Nene	
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		
Plea	se summarize the above co	nflict of interest in the foll	owing hox:
	se summanze the above to	inner or interest in the ion	owing box.
1			I

Date	e:12/19/2023		
Your	Name:Peter Joel Hosein		
Man	uscript Title: Impro	ving Patient Stratification a	and Selection for Curative-Intent Treatment in Localized
Pano	reatic Cancer		
Man	uscript number (if known):		
relate partito to trelate The man The to the med	ted to the content of your name ies whose interests may be ansparency and does not not ionship/activity/interest, it following questions apply to uscript only. author's relationships/activite epidemiology of hyperterication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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.	_X_None	
		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	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony 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
Plea	se summarize the above co	nflict of interest in the following box:

Date	e:12/19/2023		
Your	Name:Caitlin A.	Hester	
Man	uscript Title: Impro	ving Patient Stratification a	and Selection for Curative-Intent Treatment in Localized
Panc	reatic Cancer		
Man	uscript number (if known):		
relate partito transcriptor transcriptor the attention to the med	ted to the content of your name ies whose interests may be ansparency and does not notionship/activity/interest, it following questions apply touscript only. author's relationships/activite epidemiology of hyperterication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship vities/interests should be dension, you should declare action is not mentioned in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution)
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	X_None	
	processing charges, etc.)		
	No time limit for this item.		
2	Cuenta en eset	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
	,		
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	
	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, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	llowing box:

Da	te: 12/19/2023			
	ur Name:Jashodeep	 Datta		
Ma Pa		oving Patient Stratification	n and Selection for Curative-Intent Treatment in Localized	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so. hips/activities/interests as they relate to the current	
ma	nuscript only.			
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in oport for the work report	e defined broadly. For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other iter Specifications/Comments	9
		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 initi	al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article			
processing charges, etc.)				
	No time limit for this item.			
		Time frame: pas		
2	Grants or contracts from	Cantargia AB	Unrelated to this work	
	any entity (if not indicated			
2	in item #1 above).	N		
3	Royalties or licenses	None		

Consulting fees

None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
42	D	N.		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other services			
13	Other financial or non- financial interests	None		
	illianciai interests			
	Please summarize the above conflict of interest in the following box: Dr. Datta declares research funding from Cantargia AB, Inc.			

Dr. Datta declares research funding from Cantargia AB, Inc.