

## ICMJE DISCLOSURE FORM

Date: 12/19/2023  
 Your Name: Mary Martos  
 Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic 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 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 **current manuscript only**.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	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 checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:**

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

**X\_\_\_ 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: 12/19/2023

Your Name: Haleh Amirian

Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic Cancer

Manuscript number (if known): \_\_\_\_\_

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4	Consulting fees	X None	

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11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

I have not conflict of interest to disclose.

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

**X 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: 12/19/2023  
 Your Name: Erin Margret Dickey  
 Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic Cancer  
 Manuscript number (if known): \_\_\_\_\_

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

None

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## ICMJE DISCLOSURE FORM

Date: 12/19/2023

Your Name: Edmond W. Box

Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic Cancer

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 12/19/2023

Your Name: Nipun Merchant

Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic Cancer

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Date: 12/19/2023  
 Your Name: Peter Joel Hosein  
 Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic Cancer  
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## ICMJE DISCLOSURE FORM

Date: 12/19/2023  
 Your Name: Caitlin A. Hester  
 Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic Cancer  
 Manuscript number (if known): \_\_\_\_\_

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 12/19/2023  
 Your Name: Jashodeep Datta  
 Manuscript Title: Improving Patient Stratification and Selection for Curative-Intent Treatment in Localized Pancreatic Cancer  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ Cantargia AB	Unrelated to this work
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None	
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Dr. Datta declares research funding from Cantargia AB, Inc.

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