ICMJE DISCLOSURE FORM

Date: November 15, 2021 Your Name: Gentry King MD Manuscript Title: Finding a Role for Cancer Vaccines in Pancreatic Cancer: a Model of Resilience

Manuscript number (if known):__HBSN-2021-26 _____

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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	
2	Grants or contracts from	Bayer	Institutional funding for industry sponsored trial
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	Zymeworks Inc	Paid consultancy to me
		Tempus Inc	Paid consultancy to me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	QED therapeutics Pfizer	Paid Advisory board to me Paid Advisory board to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

I have institutional funding from Bayer for an industry sponsored trial. I have paid consultancy and scientific advisory board roles for Zymeworks, Tempus, Pfizer and QED therapeutics.

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: November 15, 2021 Your Name: Steven Green Manuscript Title: Finding a Role for Cancer Vaccines in Pancreatic Cancer: a Model of Resilience

Manuscript number (if known):__HBSN-2021-26 _____

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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	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

No conflicts of interest

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: November 15, 2021 Your Name: E. Gabriela MD Manuscript Title: Finding a Role for Cancer Vaccines in Pancreatic Cancer: a Model of Resilience

Manuscript number (if known): HBSN-2021-26 _____

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,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Boehringer Ingelheim	Institutional funding for investigator initiated trial
	any entity (if not indicated	Lilly	Institutional funding for industry sponsored trial
	in item #1 above).	Roche	Institutional funding for industry sponsored trial
		Stemline	Institutional funding for industry sponsored trial
		Celgene	Institutional funding for industry sponsored trial
		BMS	Institutional funding for industry sponsored trial
		MacroGenics	Institutional funding for industry sponsored trial
1		Merck	Institutional funding for investigator initiated trial
1		Halozyme	Institutional funding for investigator initiated trial
		Clovis	Institutional funding for industry sponsored trial

		Fibrogon	Institutional funding for industry sponsored trial
		Fibrogen Rafael	
			Institutional funding for industry sponsored trial
		Corcept	Institutional funding for industry sponsored trial
-		Lonza	Institutional funding for investigator initiated trial
3	Royalties or licenses		
4	Consulting fees	Noxxon	Paid consultancy to me
		BioNTech	Paid consultancy to me
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		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	Bayer	Paid Advisory board to me
	Safety Monitoring Board or Advisory Board	Pfizer	Paid Advisory board to me
		Ipsen	Paid Advisory board to me
		Celgene	Paid Advisory board to me
		Legend	Paid Advisory board to me
		Sobi	Paid Advisory board to me
		Cardiff	Paid Advisory board to me
		Stemline	Paid Advisory board to me
		Novartis	Paid Advisory board to me
		Merck	Paid Advisory board to me
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
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		

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

I have had institutional funding from Boehringer-Ingelheim, Merck, Halozyme and Lonza for investigator-initiated trials, from BMS, MacroGenics, Lilly, Roche, Stemline, Celgene, Fibrogen, Rafael, Corcept, Clovis, Merck for industry sponsored trials.

I have received payments for consultancy and scientific advisory board roles from Bayer, BioNTech, Cardiff, Celgene,

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.