

# ICMJE DISCLOSURE FORM

Date: 7/1/2021

Your Name: Nir Horesh

Manuscript Title: Systemic Review of the Robustness of Randomized Controlled Trials for the Treatment of Cholangiocarcinoma in Three domains: Survival-Inferred Fragility Index, Restricted Mean Survival Time, and the Spin Effect

Manuscript number (if known): HBSN-21-118

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.

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.

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>	None	
<b>Time frame: past 36 months</b>			
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 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:**

none

**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: 7/1/2021

Your Name: David Bomze

Manuscript Title: Systemic Review of the Robustness of Randomized Controlled Trials for the Treatment of Cholangiocarcinoma in Three domains: Survival-Inferred Fragility Index, Restricted Mean Survival Time, and the Spin Effect

Manuscript number (if known): HBSN-21-118

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4	Consulting fees	None	

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13	Other financial or non-financial interests	None	

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# ICMJE DISCLOSURE FORM

Date: 02 july 2021\_

Your Name: Chetana Lim

Manuscript Title: Systemic Review of the Robustness of Randomized Controlled Trials for the Treatment of Cholangiocarcinoma in Three domains: Survival-Inferred Fragility Index, Restricted Mean Survival Time, and the Spin Effect

Manuscript number (if known): HBSN-21-118\_

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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	

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none

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☒ **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: 30/6/21

Your Name: Gal Markel

Manuscript Title: Systemic Review of the Robustness of Randomized Controlled Trials for the Treatment of Cholangiocarcinoma in Three domains: Survival-Inferred Fragility Index, Restricted Mean Survival Time, and the Spin  
 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).	BMS and Novartis	
3	Royalties or licenses	None	
4	Consulting fees	MSD and Roche; BMS and	

		Novartis; 4C Biomed	
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	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	4C Biomed, Nucleai, Biond Biologics, and Ella Therapeutics	
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:**

GM reported receiving personal fees from MSD and Roche; grants and personal fees from BMS and Novartis; personal fees and stock options from 4C Biomed; and stock options from Nucleai, Biond Biologics, and Ella Therapeutics outside the submitted work.

**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: 30/6/21

Your Name: Tomer Meirson

Manuscript Title: Systemic Review of the Robustness of Randomized Controlled Trials for the Treatment of Cholangiocarcinoma in Three domains: Survival-Inferred Fragility Index, Restricted Mean Survival Time, and the Spin

Manuscript number (if known):

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	TyrNovo	

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:**

TM reported receiving personal fees from TyrNovo outside the submitted work.

**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: 29 June 2021

Your Name: Azoulay

Manuscript Title: Systemic Review of the Robustness of Randomized Controlled Trials for the Treatment of Cholangiocarcinoma in Three domains: Survival-Inferred Fragility Index, Restricted Mean Survival Time, and the Spin Effect

Manuscript number (if known): Decision on HBSN-21-118

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