Date:_ 7/1	1/2021
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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.

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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	
5	lectures, presentations,	Notic	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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 Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	TVOTE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Г	ease summarize the above c	onflict of interest in the f	ollowing box:
	none		

____X I certify that I have answered every question and have not altered the wording of any of the questions on this

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Manuscript Title: __ Systemic Review of the Robustness of Randomized Controlled Trials for the Treatment of

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Cholangiocarcinoma in Three domains: Survival-Inferred Fragility Index, Restricted Mean Survival Time, and the Spin

Date:_ 7/1/2021

Your Name:___David Bomze__

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

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> .						
to me	the epidemiology of hyperte dication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items			
		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	
5	lectures, presentations,	Notic	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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 Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	TVOTE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Г	ease summarize the above c	onflict of interest in the f	ollowing box:
	none		

____X I certify that I have answered every question and have not altered the wording of any of the questions on this

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

form.

Date:02 jully 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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		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	None		
J	lectures, presentations,	None		
	speakers bureaus,			
	manuscript writing or			
6	educational events Payment for expert	None		
U	testimony	None		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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	None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
12	materials, drugs, medical	None		
	writing, gifts or other services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	none			
Ple	ease place an "X" next to the	e following statement to in	ndicate 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.

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 Winnerscript number (if known):__

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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).	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	None	
	testimony		
_	C		
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	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	40 Bissard Nashari Bissad	
11	Stock of Stock options	4C Biomed, Nucleai, Biond Biologics, and Ella	
		Therapeutics	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	Hone	

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.

Date:30,	/6/21_
Your Name:	Tomer Meirson
Manuscript	Title:_ Systemic Review of the Robustness of Randomized Controlled Trials for the Treatment of
Cholangioca	rcinoma in Three domains: Survival-Inferred Fragility Index, Restricted Mean Survival Time, and the Spin
Manuscript	number (if known):

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	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	TyrNovo	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	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	
	·		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
4.0	services		
13	Other financial or non-	None	
	financial interests		

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Г	case sullillialize	tile above		Heat III the it	JIIUWIIIE D	UA.

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.

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

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	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	None	
	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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of agricument	Nege	
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:

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