## ICMJE DISCLOSURE FORM

Date: 17 July 2022

Your Name: Federico Longo

Manuscript Title: Mismatch repair deficiency in rectal cancer: an evolving scenario

Manuscript number (if known): ATM-22-3529

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	NoneNone
7	Support for attending meetings and/or travel	MSD STATE OF THE PROPERTY OF T
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	BMS MSD
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:

Support for attending meetings and/or travel Advisory role.	
Entities: - BMS - MSD	

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: September 05, 2022

Your Name: Alfredo Carrato MD, PhD

Manuscript Title: Mismatch repair deficiency in rectal cancer: an evolving scenarioManuscript number (if known):

Manuscript ID: ATM-22-3529

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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.

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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).	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	None	
	testimony		
_			
7	Support for attending meetings and/or travel	MSD, BMS	
8	Patents planned, issued or	None	
	pending		
-		LUITOURIS ON BUARAA	
9	Participation on a Data Safety Monitoring Board or	HUTCHINSON PHARMA MYLAN-VIATRIS, BAXTER,	
	Advisory Board	DAIICHI-SANKYO,	
	,		
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:

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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.