

Instructions

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Pu 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Ning		2. Surname (Last Name Pu	3. Date 08-September-2020		
4. Are you the corre	esponding author?	☐ Yes ✓ No	Corresponding Author's Name		
5. Manuscript Title The Effect of Primary Site, Functional Status and Treatment Modality on Survival in Gastroenteropancreatic Neuroendocrine Neoplasms with Synchronous Liver Metastasis: A USA Population Based Study 6. Manuscript Identifying Number (if you know it) ATM-20-5348-R1					
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Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to the work? Yes V No		

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Habib 1



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4. Are you the corre	esponding author?	Yes	✓ No	Corresponding Aut	thor's Name	
Neoplasms with S	nary Site, Functional Sta Synchronous Liver Met	astasis: A US		•	Sastroentero	ppancreatic Neuroendocrine
6. Manuscript Iden ATM-20-5348-R1	tifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideratio	on for Public	ation		
any aspect of the su statistical analysis, e	ubmitted work (including	but not limite	ed to grants, dat			ercial, private foundation, etc.) for n, manuscript preparation,
Section 3.						
Section 3.	Relevant financial	activities o	utside the s	ubmitted work.		
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Do you have any	patents, whether planr	ned, pending	g or issued, bro	adly relevant to th	he work?	Yes ✓ No

Habib 2



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Bejjani 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Michael	2. Surname (Last Name) Bejjani	3. Date 08-September-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name		
5. Manuscript Title The Effect of Primary Site, Functional Status and Treatment Modality on Survival in Gastroenteropancreatic Neuroendocrine Neoplasms with Synchronous Liver Metastasis: A USA Population Based Study 6. Manuscript Identifying Number (if you know it) ATM-20-5348-R1				
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Yin 1



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 Manuscript Title The Effect of Primary Site, Functional Status and Treatment Modality on Survival in Gastroenteropancreatic Neuroendocrine Neoplasms with Synchronous Liver Metastasis: A USA Population Based Study Manuscript Identifying Number (if you know it) ATM-20-5348-R1 				
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Nagai 1



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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Jianan	2. Surname (Last Name) Chen	3. Date 08-September-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name		
5. Manuscript Title The Effect of Primary Site, Functional Status and Treatment Modality on Survival in Gastroenteropancreatic Neuroendocrine Neoplasms with Synchronous Liver Metastasis: A USA Population Based Study 6. Manuscript Identifying Number (if you know it) ATM-20-5348-R1				
Section 2. The Work Under C	onsideration for Publica	ation		
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Section 3. Relevant financial	activities outside the su	ubmitted work.		
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Section 4. Intellectual Prope	rty Patents & Copyrigl	hts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				



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Kinny-Köster 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Benedict	2. Surname (Last Name) Kinny-Köster	3. Date 08-September-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name	
5. Manuscript Title The Effect of Primary Site, Functional Status and Treatment Modality on Survival in Gastroenteropancreatic Neuroendocrine Neoplasms with Synchronous Liver Metastasis: A USA Population Based Study 6. Manuscript Identifying Number (if you know it) ATM-20-5348-R1			
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No	

Kinny-Köster 2



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Zhang 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jicheng	2. Surname (Last Name) Zhang	3. Date 08-September-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
 5. Manuscript Title The Effect of Primary Site, Functional St Neoplasms with Synchronous Liver Me 6. Manuscript Identifying Number (if you kn ATM-20-5348-R1 	tastasis: A USA Population	ity on Survival in Gastroenteropancreatic Neuroendocrine Based Study
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Zhang 2



Section 5.				
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1. Given Name (First Name) Jun	2. Surname (Last Name) Yu	3. Date 08-September-2020	
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Wu 1



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Wu 2



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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Wenhui	2. Surname (Last Name) Lou	3. Date 08-September-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title The Effect of Primary Site, Functional St Neoplasms with Synchronous Liver Me 6. Manuscript Identifying Number (if you kr ATM-20-5348-R1		nteropancreatic Neuroendocrine
Section 2. The Work Under Co	onsideration for Publication	
	ive payment or services from a third party (government, co y but not limited to grants, data monitoring board, study d est? Yes V No	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descr	in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were present during the 36 lest?	add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	☐ Yes ✓ No</td

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Section 5.			
Section 5.	Relationships not covered above		
	lationships or activities that readers could perceive to have influenced, or that give the appearance of acing, what you wrote in the submitted work?		
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):		
✓ No other relati	onships/conditions/circumstances that present a potential conflict of interest		
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Lou has nothir	ng to disclose.		

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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