Date: <u>Dec. 14, 2021</u>

Your Name: Cailu Shen

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	-	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Huabin Hu

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Yue Cai

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Jiayu Ling

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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З	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u> Your Name: <u>Jianwei Zhang</u> Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Zehua Wu

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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З	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Xiaoyu Xie

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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

None.

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

Date: Dec. 14, 2021

Your Name: Meijing Huang

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Hui Wang

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Liang Kang

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Ping Lan

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Xiaojian Wu

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Guangjian Liu

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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4	Consulting fees	XNone	

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	manuscript writing or		
6	educational events		
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	testimony		
7	Support for attending	X None	
/	meetings and/or travel		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Yunle Wan

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Zhiyang Zhou

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Yan Huang

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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З	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Fanggian Li

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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

None.

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

Date: Dec. 14, 2021

Your Name: Huaiming Wang

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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З	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Tenghui Ma

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	XNone	
	-		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
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13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: Dec. 14, 2021

Your Name: Shuangling Luo

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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7	Support for attending	X None	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	XNone	
	-		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Yonghua Cai

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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7	Support for attending	X None	
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8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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	-		
12	Receipt of equipment,	X_None	
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	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>Dec. 14, 2021</u>

Your Name: Lishuo Shi

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): _____

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'	meetings and/or travel		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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11	Stock or stock options	XNone	
	-		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: Dec. 14, 2021

Your Name: Yanhong Deng

Manuscript Title: <u>mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant</u> <u>unresectable colorectal liver metastases: the FORBES non-randomized phase II trial</u> Manuscript number (if known): ______

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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.

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6	Payment for expert testimony	XNone	
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7	Support for attending	X None	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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