Date: January 26th, 2023

Your Name: Lorenzo Cobianchi

Manuscript Title: Co-design, Co-learning, and Co-production of an app for pancreatic cancer patients. The "Pancreas

Plus" study protocol.

Manuscript number: mHealth-22-48

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.

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

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony	X_NOTIE	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	5 ,		
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	X None	
	,	_	
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:

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

Shuili

Date: January 26th, 2023

Your Name: Francesca Dal Mas

Manuscript Title: Co-design, Co-learning, and Co-production of an app for pancreatic cancer patients. The "Pancreas

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Manuscript number: mHealth-22-48

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

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

None.	

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

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Date: January 26th, 2023 Your Name: Erica Pizzocaro

Manuscript Title: Co-design, Co-learning, and Co-production of an app for pancreatic cancer patients. The "Pancreas

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Manuscript number: mHealth-22-48

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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	, ,		
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		
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None.			

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

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Date: January 26th, 2023 Your Name: Marzia Tripepi

Manuscript Title: Co-design, Co-learning, and Co-production of an app for pancreatic cancer patients. The "Pancreas

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Manuscript number: mHealth-22-48

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222		Time frame: Since the initia	al planning of the work
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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	protestion court against the control of the control

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

None.		

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

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Date: January 26th, 2023

Your Name: Giovanni Butturini

Manuscript Title: Co-design, Co-learning, and Co-production of an app for pancreatic cancer patients. The "Pancreas

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Manuscript number: mHealth-22-48

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		needed)				
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3	Royalties or licenses	XNone				
4	Consulting fees	XNone				

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5	Devenous to the second of the				
٦	Payment or honoraria for	XNone			
	lectures, presentations, speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony	XNone			
	,				
7	Support for attending	X_ None			
	meetings and/or travel				
8	Patents planned, issued or	X_None			
	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					
11	Stock or stock options	XNone			
12	Donaint of a suit asset				
12	Receipt of equipment, materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	X None			
		XNone			
Г	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.

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