Date: 16/Apr/2022 Your Name: Yu Jung Kim

Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation

and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study

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.

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

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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,	_■_None	
	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 any entity (if not indicated	_■_None	
	in item #1 above).		
3	Royalties or licenses	_■_None	

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

Non	ne.			

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

Date: 2022/4/16

Your Name: Yusuke Hiratsuka

Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation

and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study

Manuscript number (if known):

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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	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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	
	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:

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.

Date: 4/16/2022
Your Name: Sang Yeon Suh
Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammatio
and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study
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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		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 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				
8	Patents planned, issued or pending	■ None			
	pending				
9	Participation on a Data Safety Monitoring Board or	■ None			
	Advisory Board				
10	Landauskin au Cideriau en la				
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	■ None			
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	■ None			
DI-	Diago supramovino the above conflict of interest in the fall suring boss.				

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:

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

Date: 16/Apr/2022

Your Name: Seon-Hye Won

Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation

and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study

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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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	36 months
4	Consulting fees	None	

5	lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events		
6	Payment for expert	None	
O	·	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	
10	in other board, society,		
	committee or advocacy		
	•		
11	group, paid or unpaid	None	
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		
	manda micresis		
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:
	None.		

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

Date: 2022/4/16

Your Name: Eun Hee Jung

Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation

and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	rayillelit of Holloralia loi	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
O	·	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	
10	in other board, society,		
	committee or advocacy		
	•		
11	group, paid or unpaid	None	
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		
	manda micresis		
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:
	None.		

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

Date: 2022/04/18

Your Name: Beodeul Kang

Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation

and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study

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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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time illint for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
	,		
7	Support for attending meetings and/or travel	X None	
	meetings undy or traver		
8	Patents planned, issued or pending	X None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10			
10	Leadership or fiduciary role in other board, society,	X None	
	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- financial interests	X None	
	manda micresis		
Ple	ase summarize the above o	onflict of interest in the fo	ollowing box:

None.			

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

Date:	Apr 16, 2022
Your Name:	:Si Won Lee
Manuscript	: Title:Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammatior
and Nutritio	on in Oncology Outpatients: A Tertiary Cancer Center Study
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).	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	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			
4.4	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
12	services Other financial or non-	None		
13	financial interests	None		
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Dlas	se summarize the above co	nflict of interest in the fell	owing hov	
ried	ise sullillalize the above co	וווווכנ טו ווונפופאנ ווו נוופ וטווי	OWING DOX.	
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'	one.			

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

Date: 16 Apr 2022
Your Name: Hong-Yup Ahn
Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation
and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study
Manuscript number (if known):

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	processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	■ None	
	in item #1 above).		
3	Royalties or licenses	■ None	

4	Consulting fees	■ None				
5	Payment or honoraria for lectures, presentations,	■ None				
	speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert testimony	■ None				
	,					
-	C					
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 Advisory Board	■ None				
10	Leadership or fiduciary role in other board, society, committee or advocacy	■ None				
	group, paid or unpaid					
11	Stock or stock options	■ None				
12	Receipt of equipment, materials, drugs, medical	■ None				
	writing, gifts or other					
	services					
13	Other financial or non- financial interests	■ None				
	ווומוונומו ווונכו כאנא					
Dlo	Please summarize the above conflict of interest in the following boy:					

None.			

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

Date: 17 Apr, 2022
Your Name:Koung Jin Suh
Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation
and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study
Manuscript number (if known):

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

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

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

Date: 16/APR/2022 Your Name: Ji-Won Kim

Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation

and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study

Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated	O None	
	in item #1 above).		
	,		
3	Royalties or licenses	O None	
4	Consulting fees	O None	

5	Payment or honoraria for	O None	
J	lectures, presentations,	O None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	O None	
7	Support for attending meetings and/or travel	O None	
8	Patents planned, issued or	O None	
	pending		
	Doublishes the same Date	O Name	
9	Participation on a Data Safety Monitoring Board or	O None	
	Advisory Board		
10	Leadership or fiduciary role	O None	
	in other board, society,	O None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	O None	
	·		
12	Receipt of equipment,	O None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	O None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	None.		

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

Date: _18/Apr/2022
Your Name:Se Hyun Kim
Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation
and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study
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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3	Royalties or licenses	_VNone	
4	Consulting fees	_VNone	

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

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

Date: <u>17 Apr 2022</u>
Your Name: Jin Won Kim
Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation
and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.	V None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	V None	
3	Royalties or licenses	V None	

4	Consulting fees	V None			
5	Payment or honoraria for lectures, presentations,	V None			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert testimony	V None			
	testimony				
7	Support for attending meetings and/or travel	V None			
8	Patents planned, issued or pending	V None			
	perianis				
9	Participation on a Data Safety Monitoring Board or	V None			
	Advisory Board				
10	Landauskin au Educiani nak				
	Leadership or fiduciary role in other board, society,	V None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	V None			
12	Descipt of anyting out				
12	Receipt of equipment, materials, drugs, medical	V None			
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	V None			
Ple	Please summarize the above conflict of interest in the following box:				

None.		

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

Date:16/Apr/2022
Your Name:Keun-Wook Lee
Manuscript Title:_Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation
and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study
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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	√	None			
,	meetings and/or travel		None			
8	Patents planned, issued or	✓	None			
	pending					
9	Dantisiustiau au a Data	√	Name			
9	Participation on a Data Safety Monitoring Board or	•	None			
	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			
10						
12	Receipt of equipment, materials, drugs, medical	✓	None			
	writing, gifts or other					
	services					
13	Other financial or non-	✓	None			
	financial interests					

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.

Date:16-APR-2022
Your Name:Jee Hyun Kim
Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation
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3	Royalties or licenses	None	
4	Consulting fees	None	

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	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		
	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		
	one.	nflict of interest in the follo	owing box:

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

Date: Apr 18, 2022

Your Name: Jong Seok Lee

Manuscript Title: Performance of Mid-upper Arm Circumference and Other Prognostic Indices Based on Inflammation

and Nutrition in Oncology Outpatients: A Tertiary Cancer Center Study

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None.	

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