

ICMJE DISCLOSURE FORM

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)	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.	_ <input checked="" type="checkbox"/> _None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ <input checked="" type="checkbox"/> _None	
3	Royalties or licenses	_ <input checked="" type="checkbox"/> _None	

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

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:

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: 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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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.

ICMJE DISCLOSURE FORM

Date: 4/16/2022

Your Name: Sang Yeon 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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ICMJE DISCLOSURE 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):

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ICMJE DISCLOSURE 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):

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ICMJE DISCLOSURE 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):

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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
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None.

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ICMJE DISCLOSURE FORM

Date: Apr 16, 2022

Your Name: Si Won 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

Manuscript number (if known): _____

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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> V <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> V <input type="checkbox"/> None	
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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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

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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: 17 Apr 2022

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)	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, speakers bureaus, manuscript writing or educational events	V None	
6	Payment for expert testimony	V None	
7	Support for attending meetings and/or travel	V None	
8	Patents planned, issued or pending	V None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	V None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	V None	
11	Stock or stock options	V None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	V None	
13	Other financial or non-financial interests	V None	

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:

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ICMJE DISCLOSURE 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

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

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.

ICMJE DISCLOSURE 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 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, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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 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:

None.

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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.

ICMJE DISCLOSURE 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

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).	<input type="radio"/> None	
3	Royalties or licenses	<input type="radio"/> None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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 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	

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None.

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