ICMJE DISCLOSURE FORM

12/19/22
Name:Sukeshi P. Arora
script Title: Is dual immunotherapy needed in first-line treatment of microsatellite instability (MSI)-High metastatic
ctal cancer?
script number (if known):
script Title: Is dual immunotherapy needed in first-line treatment of microsatellite instability (MSI)-High metastation call cancer?

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>.

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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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	x_None	
		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	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	Bayer Bristol Meyers Squibb Seagen AstraZeneca QED Therapuetics ExelixisxNonexNone	Speaker's Bureau Speaker's Bureau Advisory Board Advisory Board Advisory Board Speaker's Bureau; advisory board
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Support New India Young SIOG	Board member, unpaid Board member, unpaid
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	x_None	

Please summarize the above conflict of interest in the following box:

Bayer- Speaker's Bureau; Bristol Meyers Squibb - Speaker's Bureau; Seagen - Advisory Board; AstraZeneca QED Therapuetics – Advisory Board; Exelixis - Speaker's Bureau; advisory board
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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: December 16 2022 **Your Name:** Saranya Dinesan

Manuscript Title: "Is dual immunotherapy needed in first-line treatment of microsatellite instability (MSI)-High metastatic

colorectal cancer?"

Manuscript number (if known): APM-22-1426

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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	Darticipation on a Data	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	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		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:

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ICMJE DISCLOSURE FORM 12/19/22

Date:	
Your Name:	Naga Koteswari Sucharita Cheedella
Manuscript Title:	Is dual immunotherapy needed in first-line treatment of microsatellite instability (MSI)-High
metastatic colorecta	ıl cancer
Manuscript number	(if known):

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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.	None	
		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	None	
'	meetings and/or travel	None	
	and an approximation of the second of the se		
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	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dlos	se summarize the above co	nflict of interest in the fol	lowing hove
Piec	ise summarize the above to	milict of interest in the for	iowing box:
- 1			

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ICMJE DISCLOSURE FORM

Date	:12/18/2022			
Your	Name:Shruti Pandita_			
	uscript Title:_ Is dual imm astatic colorectal cancer		irst-line treatment of microsatellite instability (MSI)-Hig	
	uscript number (if known):			
relat parti to tr	ed to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	following questions apply t uscript only.	o the author's relationship	os/activities/interests as they relate to the current	
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.	
	em #1 below, report all sup ime frame for disclosure is	•	d in this manuscript without time limit. For all other items,	
		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 initia	al planning of the work	
1	All support for the present manuscript (e.g., funding,	None	y pranting of the work	
	provision of study materials,			
medical writing, article				
	No time limit for this item.			
		T: 6	A 26 months	
2	Grants or contracts from	Time frame: pas	t 56 months	
_	Grants or contracts from	140110		

any entity (if not indicated

None

None

in item #1 above).

Royalties or licenses

Consulting fees

3

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		
Plea	Please summarize the above conflict of interest in the following box:			

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

None

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