

## ICMJE DISCLOSURE FORM

Date: 2<sup>nd</sup> October 2023

Your Name: Sunatee Sa-nguansai

Manuscript Title: Efficacy of Oral Nutritional Supplement in Cancer Patients Receiving Chemotherapy: A Systematic Review and Meta-analysis of Randomized Controlled Trials

Manuscript number (if known): APM-23-558

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	College of Medicine, Rangsit University	Manuscript submission fees
<b>Time frame: past 36 months</b>			
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 checked="" type="checkbox"/> None	

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

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

The author reports the funding from the College of Medicine, Rangsit University for Manuscript submission fees and honoraria for lectures from Eisai Marketing Co., Ltd. (Thailand).

**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: 21 December 2023

Your Name: Dr. Photcharaphon Pintasiri

Manuscript Title: Efficacy of Oral Nutritional Supplement in Cancer Patients Receiving Chemotherapy: A Systematic Review and Meta-analysis of Randomized Controlled Trials

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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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Funding from Rangsit University, Rajavithi Hospital	Manuscript submission fees
<b>Time frame: past 36 months</b>			
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"/> <input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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

The author reports the funding from Rangsit University, Rajavithi Hospital for Manuscript submission fees.

**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: October 1<sup>st</sup> 2023

Your Name: Piyawan Tienchaiananda

Manuscript Title: Efficacy of Oral Nutritional Supplement in Cancer Patients Receiving Chemotherapy: A Systematic Review and Meta-analysis of Randomized Controlled Trials

Manuscript number (if known): APM-23-558

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.

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		Funding from Rangsit University, Rajavithi Hospital	Manuscript submission fees
<b>Time frame: past 36 months</b>			
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"/> x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astrazeneca, BMS, MSD, Celltrion, Novartis, Roche, Esai, Taiho, Thai osuka, ZP therapeutics, Fresenius Kabi, Pfizer	All for lectures/educational and pay for me
6	Payment for expert testimony	<input type="checkbox"/> x None	
7	Support for attending meetings and/or travel	Celltrion	For attending global breast cancer symposium 2 and pay for me
		ZP therapeutics, Fresenius Kabi	For attending ESMO meeting and pay for me
		Esai	For attending JSMO meeting and pay for me
8	Patents planned, issued or pending	<input type="checkbox"/> x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> x None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> x None	
11	Stock or stock options	<input type="checkbox"/> x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> x None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

The manuscript was funded by Rangsit University, Rajavithi Hospital and made to all three authors.  
I had honorarium for lectures /educational events from Astrazeneca, BMS, MSD, Celltrion, Novartis, Roche, Esai, Taiho, Thai osuka, ZP therapeutics, Fresenius Kabi and Pfizer.  
I had travel grand from Celltrion, ZP therapeutics, Fresenius Kabi and Esai for attend international cancer meeting.

**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.