| Da | te: <u>01112021</u> | | | |
|------------------|---|--|--|----|
| | ur Name: Koh Yen Sin | C1 1 1 | | |
| | inuscript Title:Out odalities; a 20-year sing | | ck angiosarcoma with different treatment rience | |
| _ | nuscript number (if known | - | | _ |
| rel par to | ated to the content of your rties whose interests may b | manuscript. "Related" me e affected by the content necessarily indicate a bias | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment I. If you are in doubt about whether to list a o so. | |
| | e following questions apply inuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | |
| to me | the epidemiology of hypertedication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertension the manuscript. ed in this manuscript without time limit. For all other it | ve |
| | | 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 | |
| | 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 | | |
|) | Grants or contracts from | Time frame: pas | t 36 months | |
| | any entity (if not indicated in item #1 above). | | | |

Royalties or licenses

| 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 | XNone |
| 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 |
| Ple | ase summarize the above co | onflict of interest in the following box: |

None.

| Da | te: <u>01112021</u> | | | |
|-----------------------------|--|---|---|--|
| | ur Name: <u>Jason Chan \</u> | ong Sheng | | |
| Ma | nuscript Title:Out | comes of head and ne | ck angiosarcoma with different treatment | |
| mo | odalities; a 20-year sing | gle institutional expe | rience | |
| <u> </u> | nuscript number (if known) |):PCM-21-40 | | |
| rela par to t rela | ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d | | |
| | e following questions apply nuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | |
| to i me In i | the epidemiology of hypert dication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items | |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this | (e.g., if payments were made to you or to your | |
| | | relationship or indicate | institution) | |
| | | none (add rows as | | |
| | | needed) | | |
| | | Time frame: Since the initia | al planning of the work | |
| | All support for the present | XNone | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
| | | | | |
| | | | | |
| | | Time frame: pas | t 36 months | |
| | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |

Royalties or licenses

| _ | | |
|----|----------------------------|---|
| 4 | Consulting fees | XNone |
| | | |
| | | |
| 5 | Payment or honoraria for | XNone |
| | lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | XNone |
| | testimony | |
| | | |
| 7 | Support for attending | XNone |
| | meetings and/or travel | |
| | | |
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| | | |
| 8 | Patents planned, issued or | XNone |
| O | pending | |
| | periang | |
| | | |
| 9 | Participation on a Data | XNone |
| | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | · | 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 | |
| 12 | Other finencial | V. Neve |
| 13 | Other financial or non- | XNone |
| | financial interests | |
| | | |
| | | onflict of interest in the following box: |
| | None. | |

| Dat | te: <u>01112021</u> | | | |
|--|---|--|--|---|
| | ur Name: <u>Looi Wen Sh</u> | en | | |
| | | | ck angiosarcoma with different treatment | |
| | odalities; a 20-year sing | | • | |
| | , , , , , , , , , , , , , , , , , , , | 5-00 | | _ |
| <u> </u> | nuscript number (if known) | : PCM-21-40 | | |
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| rela par to t rela The ma | ated to the content of your ries whose interests may be transparency and does not eationship/activity/interest, ationship/activity/interest, ationship questions apply nuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medication, | manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationshivities/interests should be ension, you should declare action is not mentioned in | ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive | |
| the | time frame for disclosure i | s 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 initia | al planning of the work | |
| | | | | |
| | All support for the present | XNone | | |
| | manuscript (e.g., funding, provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
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| | | | | |
| | | Time frame: pas | t 36 months | |
| : 1 | Grants or contracts from | XNone | | |
| | any entity (if not indicated in item #1 above). | | | |

Royalties or licenses

| _ | | |
|----|----------------------------|---|
| 4 | Consulting fees | XNone |
| | | |
| | | |
| 5 | Payment or honoraria for | XNone |
| | lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | XNone |
| | testimony | |
| | | |
| 7 | Support for attending | XNone |
| | meetings and/or travel | |
| | | |
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| | | |
| 8 | Patents planned, issued or | XNone |
| O | pending | |
| | periang | |
| | | |
| 9 | Participation on a Data | XNone |
| | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | · | 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 | |
| 12 | Other finencial | V. Neve |
| 13 | Other financial or non- | XNone |
| | financial interests | |
| | | |
| | | onflict of interest in the following box: |
| | None. | |

| Dat | te: <u>01112021</u> | | | |
|-----------------------------|---|---|---|----|
| | ur Name: <u>Mohamad Fa</u> | arid | | |
| Ma | nuscript Title:Out | comes of head and ne | ck angiosarcoma with different treatment | |
| mo | odalities; a 20-year sing | gle institutional expe | rience | |
| Ma | nuscript number (if known) |):PCM-21-40 | | |
| rela par to t rela | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d | | |
| | e following questions apply nuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | |
| to i me In i | the epidemiology of hypert dication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items | i, |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this | (e.g., if payments were made to you or to your | |
| | | relationship or indicate | institution) | |
| | | none (add rows as | | |
| | | needed) | | |
| | | Time frame: Since the initia | al planning of the work | |
| | All support for the present | X None | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
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| | | | | |
| | | Time frame: pas | t 36 months | |
| | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |

Royalties or licenses

| _ | | |
|----|----------------------------|---|
| 4 | Consulting fees | XNone |
| | | |
| | | |
| 5 | Payment or honoraria for | XNone |
| | lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | XNone |
| | testimony | |
| | | |
| 7 | Support for attending | XNone |
| | meetings and/or travel | |
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| | | |
| 8 | Patents planned, issued or | XNone |
| O | pending | |
| | periang | |
| | | |
| 9 | Participation on a Data | XNone |
| | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | · | 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 | |
| 12 | Other finencial | V. Neve |
| 13 | Other financial or non- | XNone |
| | financial interests | |
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| | | onflict of interest in the following box: |
| | None. | |

| Dat | te: <u>01112021</u> | | | |
|---------------------|--|--|--|--|
| | ur Name: <u>Gopalakrish</u> ı | na lyer | | |
| | · · · · · · · · · · · · · · · · · · · | | ck angiosarcoma with different treatment | |
| mo | odalities; a 20-year sing | gle institutional expe | rience | |
| | • | • | | |
| Ma | nuscript number (if known) |):PCM-21-40 | | |
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| rela par to 1 | ated to the content of your ties whose interests may b | manuscript. "Related" me e affected by the content necessarily indicate a bias | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment i. If you are in doubt about whether to list a o so. | |
| | e following questions apply nuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | |
| to t me In i | the epidemiology of hypert dication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items | |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this | (e.g., if payments were made to you or to your | |
| | | relationship or indicate | institution) | |
| | | none (add rows as | , | |
| | | needed) | | |
| | | Time frame: Since the initia | al planning of the work | |
| | All support for the present | X None | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
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| | | | | |
| | | Time frame: pas | t 36 months | |
| | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |

Royalties or licenses

| _ | | |
|----|----------------------------|---|
| 4 | Consulting fees | XNone |
| | | |
| | | |
| 5 | Payment or honoraria for | XNone |
| | lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | XNone |
| | testimony | |
| | | |
| 7 | Support for attending | XNone |
| | meetings and/or travel | |
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| | | |
| 8 | Patents planned, issued or | XNone |
| O | pending | |
| | periang | |
| | | |
| 9 | Participation on a Data | XNone |
| | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | · | 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 | |
| 12 | Other finencial | V. Neve |
| 13 | Other financial or non- | XNone |
| | financial interests | |
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| | | onflict of interest in the following box: |
| | None. | |

| Dat | te: <u>01112021</u> | | | |
|---------------------|--|--|---|--|
| | ur Name: <u>Gerald Tay C</u> | i An | | |
| | | | ck angiosarcoma with different treatment | |
| mo | odalities; a 20-year sing | gle institutional exper | rience | |
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| Ma | nuscript number (if known) |):PCM-21-40 | | |
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| rela pai to 1 | ated to the content of your rties whose interests may b | manuscript. "Related" me e affected by the content necessarily indicate a bias | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. | |
| | e following questions apply nuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | |
| to i me In i | the epidemiology of hypertedication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items | |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this | (e.g., if payments were made to you or to your | |
| | | relationship or indicate | institution) | |
| | | none (add rows as | , | |
| | | needed) | | |
| | | Time frame: Since the initia | al planning of the work | |
| | All support for the present | X None | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
| | | | + | |
| | | | | |
| | | Time frame: pas | t 36 months | |
| | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |

Royalties or licenses

| _ | | |
|----|----------------------------|---|
| 4 | Consulting fees | XNone |
| | | |
| | | |
| 5 | Payment or honoraria for | XNone |
| | lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | XNone |
| | testimony | |
| | | |
| 7 | Support for attending | XNone |
| | meetings and/or travel | |
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| | | |
| 8 | Patents planned, issued or | XNone |
| O | pending | |
| | periang | |
| | | |
| 9 | Participation on a Data | XNone |
| | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | · | 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 | |
| 12 | Other finencial | V. Neve |
| 13 | Other financial or non- | XNone |
| | financial interests | |
| | | |
| | | onflict of interest in the following box: |
| | None. | |

| Dat | te: <u>01112021</u> | | | |
|-----------------------------|---|---|--|--|
| | ur Name: Kiattisa Som | mat | | |
| Ma | nuscript Title:Out | comes of head and ne | ck angiosarcoma with different treatment | |
| mo | odalities; a 20-year sing | gle institutional expe | rience | |
| _ Ma | nuscript number (if known |):PCM-21-40 | | |
| rela par to t rela | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d | | |
| | e following questions apply nuscript only. | to the author's relationsh | nips/activities/interests as they relate to the current | |
| to i me In i | the epidemiology of hypert dication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items, | |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this | (e.g., if payments were made to you or to your | |
| | | relationship or indicate | institution) | |
| | | none (add rows as | | |
| | | needed) | | |
| | | Time frame: Since the initia | al planning of the work | |
| | All support for the present | XNone | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
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| | | Time frame: pas | st 36 months | |
| | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |

Royalties or licenses

| _ | | | | | |
|-----|---|--|--|--|--|
| 4 | Consulting fees | XNone | | | |
| | | | | | |
| | | | | | |
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
| | | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending | XNone | | | |
| | meetings and/or travel | | | | |
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| _ | 5 | V. N | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | X None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | X None | | | |
| | in other board, society, committee or advocacy | | | | |
| | | | | | |
| | group, paid or unpaid | | | | |
| 11 | | V. News | | | |
| 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- | X None | | | |
| 13 | financial interests | <u></u> | | | |
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| DIA | Please summarize the above conflict of interest in the following box: | | | | |
| rie | ase summanze the above to | ominet of interest in the following box. | | | |
| | | | | | |
| | None. | | | | |

| Da | te: <u>01112021</u> | | | |
|---------------------------|---|---|--|---|
| | ur Name: Wong Ru Xir | 1 | | |
| | · | | ck angiosarcoma with different treatment | |
| me | odalities; a 20-year sing | gle institutional expe | rience | |
| _ Ma | nuscript number (if known |):PCM-21-40 | | |
| rela par to rela | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d | | |
| | e following questions apply nuscript only. | to the author's relationsh | ips/activities/interests as they relate to the current | |
| to i me | the epidemiology of hypert dication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items, | ! |
| | | Name all entities with whom you have this | Specifications/Comments (e.g., if payments were made to you or to your | |
| | | relationship or indicate none (add rows as | institution) | |
| | | needed) | | |
| | | Time frame: Since the initia | al planning of the work | |
| | All support for the present | XNone | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
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| | | Time frame: pas | at 36 months | |
| | Grants or contracts from | X None | 1. 30 Months | |
| • | any entity (if not indicated | | + | |
| | in item #1 above). | | | |

Royalties or licenses

| _ | | | | | |
|-----|---|--|--|--|--|
| 4 | Consulting fees | XNone | | | |
| | | | | | |
| | | | | | |
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
| | | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending | XNone | | | |
| | meetings and/or travel | | | | |
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| _ | 5 | V. N | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | X None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | X None | | | |
| | in other board, society, committee or advocacy | | | | |
| | | | | | |
| | group, paid or unpaid | | | | |
| 11 | | V. Neve | | | |
| 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- | X None | | | |
| 13 | financial interests | <u></u> | | | |
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| DIA | Please summarize the above conflict of interest in the following box: | | | | |
| rie | ase summanze the above to | ominet of interest in the following box. | | | |
| | | | | | |
| | None. | | | | |