## ICMJE DISCLOSURE FORM

Date: 2022-11-01

Your Name: Xiaoning Yu

Manuscript Title: Immune Microenvironment and Immunotherapy in Pancreatic Cancer: a narrative review

Manuscript number (if known): PCM-22-55-R1

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>.

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.

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        | 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 initial | planning of the work                           |
| 1 | All support for the present   | Funding: the National         |  |
|   | manuscript (e.g., funding,    | Natural Science               |  |
|   | provision of study materials, | Foundation of China,          |  |
|   | medical writing, article      | Shanghai Municipal            |  |
|   | processing charges, etc.)     | Science and Technology        |  |
|   | No time limit for this item.  | Major Project, Scientific     |  |
|   |                               | Innovation Project of         |  |
|   |                               | Shanghai Education            |  |
|   |                               | Committee, Clinical           |  |
|   |                               | Research Plan of Shanghai     |  |
|   |                               | Hospital Development          |  |
|   |                               | Center and Xuhui District     |  |
|   |                               | Artificial Intelligence       |  |
|   |                               | Medical Hospital              |  |
|   |                               | Cooperation Project.          |  |
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|    |   | Time frame: past | 26 months |
| 2  | Grants or contracts from  | None             | 30 months |
|    | any entity (if not indicated  | None             |           |
|    | in item #1 above).  |                  |           |
| 3  | Royalties or licenses   | None             |           |
| 5  | Royalties of licenses   | None             |           |
|    |   |                  |           |
| 4  | Consulting fees   | None             |           |
| 4  | Consulting rees   | None             |           |
|    |   |                  |           |
| 5  | Payment or honoraria for  | None             |           |
| ,  | lectures, presentations,  | None             |           |
|    | speakers bureaus,   |                  |           |
|    | manuscript writing or   |                  |           |
|    | educational events  |                  |           |
| 6  | Payment for expert  | None             |           |
|    | testimony   |                  |           |
|    | ,   |                  |           |
| 7  | Support for attending   | None             |           |
|    | meetings and/or travel  |                  |           |
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|    |   |                  |           |
| 8  | Patents planned, issued or  | None             |           |
|    | pending   |                  |           |
|    |   |                  |           |
| 9  | Participation on a Data   | None             |           |
|    | Safety Monitoring Board or<br>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,<br>materials, drugs, medical<br>writing, gifts or other | None             |           |
|    |   |                  |           |
|    |   |                  |           |
|    | services  |                  |           |
| 13 | Other financial or non-<br>financial interests                                | None             |           |
|    |   |                  |           |
|    |   |                  |           |

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

Funding: This study was jointly supported by the National Natural Science Foundation of China [U21A20374], Shanghai Municipal Science and Technology Major Project [21JC1401500], Scientific Innovation Project of Shanghai Education Committee [2019-01-07-00-07-E00057], Clinical Research Plan of Shanghai Hospital Development Center [SHDC2020CR1006A], and Xuhui District Artificial Intelligence Medical Hospital Cooperation Project [2021-011].

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: 2022-11-01 Your Name: Si Shi

Manuscript Title: Immune Microenvironment and Immunotherapy in Pancreatic Cancer: a narrative review

Manuscript number (if known): PCM-22-55-R1

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| 5  | Payment or honoraria for  | None             |           |
| ,  | lectures, presentations,  | None             |           |
|    | speakers bureaus,   |                  |           |
|    | manuscript writing or   |                  |           |
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| 6  | Payment for expert  | None             |           |
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| 7  | Support for attending   | None             |           |
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## ICMJE DISCLOSURE FORM

Date: 2022-11-01 Your Name: Xianjun Yu

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