

#### **Instructions**

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Luu 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Andreas Minh	2. Surname (Last Name) Luu	3. Date 08-October-2020		
4. Are you the corresponding author?	✓ Yes No			
<ul><li>5. Manuscript Title</li><li>Late Recurrences of Pancreatic Cancer</li><li>in patients with Long-term Survival afte</li><li>6. Manuscript Identifying Number (if you kn</li><li>JGO-20-433</li></ul>				
Section 2. The Work Under Co	onsideration for Publication			
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No				
Section 3. Relevant financial	activities outside the submitted work.			
of compensation) with entities as descri	n the table to indicate whether you have financial related in the instructions. Use one line for each entity; port relationships that were <b>present during the 36</b> est? Yes No	add as many lines as you need by		
Section 4. Intellectual Proper	ty Patents & Copyrights			
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	k? ☐ Yes ✓ No		

Luu 2



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Dr. Luu has nothing to disclose.

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Belyaev 1



Section 1. Identi	ifying Information			
1. Given Name (First Name) Orlin	2. Surname (Last Name Belyaev	e) 3. Date 08-October-2020		
4. Are you the corresponding	ng author? Yes 🗸 No	Corresponding Author's Name Andreas Minh Luu		
	m Survival after Pancreaticoduodene	ectomy		
6. Manuscript Identifying N JGO-20-433	umber (if you know it)			
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Section 3. Releva	ant financial activities outside th	ne submitted work.		
Place a check in the approof compensation) with er	opriate boxes in the table to indicate ntities as described in the instructions You should report relationships that	whether you have financial relationships (regardless of amount s. Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .		
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	, whether planned, pending or issued			

Belyaev 2



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Höhn 1



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Philipp	2. Surname (Last Name) Höhn	3. Date 08-October-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Andreas Minh Luu
5. Manuscript Title Late Recurrences of Pancreatic Canco in patients with Long-term Survival a		omy
6. Manuscript Identifying Number (if you JGO-20-433	ı know it)	_
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Do you have any patents, whether pl		

Höhn 2



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Praktiknjo 1



Section 1.	dentifying Inform	ation	
1. Given Name (First Michael	Name)	2. Surname (Last Na Praktiknjo	me) 3. Date 08-October-2020
4. Are you the corres	sponding author?	Yes ✓ No	Corresponding Author's Name Andreas Minh Luu
in patients with Lo	of Pancreatic Cancer ng-term Survival after		nectomy
6. Manuscript Identif	fying Number (if you kno	ow it)	
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any aspect of the sub statistical analysis, et	omitted work (including	but not limited to gra	s from a third party (government, commercial, private foundation, etc.) for nts, data monitoring board, study design, manuscript preparation, No
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Praktiknjo 2



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Janot 1



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**Royalties:** Funds are coming in to you or your institution due to your patent

Uhl 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Waldemar	2. Surname (Last Name) Uhl	3. Date 08-October-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Andreas Minh Luu
5. Manuscript Title Late Recurrences of Pancreatic Cancer in patients with Long-term Survival afte		omy
6. Manuscript Identifying Number (if you kn JGO-20-433	now it)	_
Section 2. The Work Under Co	onsideration for Publi	cation
Did you or your institution <b>at any time</b> receing any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest.	ive payment or services from y but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	ibed in the instructions. Use port relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tre present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyric	ghts
Do you have any patents, whether plant	.,	

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Section 5. Polotionships not solvered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Uhl has nothing to disclose.

#### **Evaluation and Feedback**

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#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

### Identifying information.

### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes"

### 3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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Section 1. Identifying Inform	ation	
1. Given Name (First Name) Chris	2. Surname (Last Name) Braumann	3. Date 08-October-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Andreas Minh Luu
5. Manuscript Title Late Recurrences of Pancreatic Cancer in patients with Long-term Survival afte	r Pancreaticoduodenecto	my
6. Manuscript Identifying Number (if you know it)  JGO-20-433		
Section 2. The Work Under Co	anaidanatian fan Dubli	
The Work Under Consideration for Publication  Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for		
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