Date	e:4/8/2021		
	r Name:Hunter Gits		
	nuscript Title: Intact SMAD-4		_
	=		herapy
Mar	nuscript number (if known):		
rela part to to to rela The mar	ted to the content of your name ies whose interests may be ransparency and does not not interest, it following questions apply the content only. author's relationships/active epidemiology of hypertedication, even if that medications in the content of the content on the conte	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be <u>donsion</u> , you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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	_xNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting for	Name	
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone	
	Safety Monitoring Board or Advisory Board		
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	xNone	
13	Other financial or non-	_xNone	
	financial interests		
	se summarize the above co	nflict of interest in the foll	owing box:

Date:	2021-04-06	
Your Name:	Amy H. Tang, Ph.D.	
Manuscript Title:_Validation of	intact SMAD-4 as a predictor of a locally aggressive pancreas cancer phenotype_	
Manuscript number (if known	: JGO-21-55-B1	

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>.

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.

		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)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	AACR-PanCAN Innovative Grant (AACR-PanCan #169458) Lustgarten Foundation for Pancreatic Cancer Research (RFA05-046) National Institute of General Medical Sciences (R01	36 months PI: Amy H. Tang, Ph.D. PI: Amy H. Tang, Ph.D. PI: Amy H. Tang, Ph.D.
		GM069922-06S1) National Cancer Institute (R01 CA140550) Dorothy G. Hoefer Foundation for Pancreatic Cancer Research	PI: Amy H. Tang, Ph.D. PI: Amy H. Tang, Ph.D.

		Mayo Pancreatic Cancer SPORE Pilot Grant Award	PI: Amy H. Tang, Ph.D.
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Grant reviewers at the NIH/DOD/AACR-Pancreatic Cancer study sections	Dr. Amy Tang has served as the grant reviewer at NIH/NCI/DOD/PanCAN at multiple study sections yearly. Dr. Tang has served as the Vice Chair of Scientific Review Committee at 2021 Pancreatic Cancer Action Network (PanCAN) Career Development Award (CDA).
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	

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

Grants from AACR-PanCAN, Lutsgarten Foundation for Pancreatic Cancer Research, National Institute of General Medical Sciences, National Cancer Institute, and Dorothy G. Hoefer Foundation for Pancreatic Cancer Research, is a grant reviewer at National Institute of Health, National Cancer Institute, Department of Defense, and PanCAN, and is a Vice Chair at PanCAN Career Development Award Scientific Review Committee.

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

Date:4/6/21
Your Name: _William Scott Harmsen
Manuscript Title: "Validation of intact SMAD-4 as a predictor of a locally aggressive pancreas cancer
phenotype receiving adjuvant therapy"
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		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,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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		
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		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	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 foll	owing box:

None			

Date:4/5/21
Your Name:_William R. Bamlet
Manuscript Title: "Validation of intact SMAD-4 as a predictor of a locally aggressive pancreas cancer
phenotype Receiving Adjuvant Therapy"
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		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	

7 8	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending	NoneNoneNoneNone	
6 7 8	speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or	None	
7 8	manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or	None	
7 8	educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or	None	
7 8	Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or	None	
7 8	Support for attending meetings and/or travel Patents planned, issued or	None	
7 8	Support for attending meetings and/or travel Patents planned, issued or		
8	meetings and/or travel Patents planned, issued or		
8	meetings and/or travel Patents planned, issued or		
		None	
		None	
		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		
	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non-	None	
	financial interests		

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

None			

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

Date	e:4/6/2021		
You	r Name: Rondell Graham		
Mar	nuscript Title: Intact SMAD-4	is a Predictor of Increased	Locoregional Recurrence
in U	pfront Resected Pancreas C	ancer Receiving Adjuvant T	herapy
Mar	nuscript number (if known):		
relar part to to to to to the man	ted to the content of your name ies whose interests may be ransparency and does not not interest, it following questions apply the content only. author's relationships/active epidemiology of hypertexication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so to the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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	_xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	x None	
	=		

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone	
	Safety Monitoring Board or Advisory Board		
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	xNone	
13	Other financial or non-	_xNone	
financ	financial interests		
	se summarize the above co	nflict of interest in the foll	owing box:

Date:	April 8, 2020	
Your Name:	Gloria M. Petersen	
Manuscript Title	: Validation of intac	t SMAD-4 as a predictor of a locally aggressive pancreas cancer phenotype
Manuscript nun	nber (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.

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.

		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)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
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	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	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
			
Ple	ase summarize the above co	nflict of interest in the foll	owing box:
	None		

Date	e:4/11/2021		
You	r Name:Thomas Smyrk		
Man	nuscript Title: Intact SMAD-4	l is a Predictor of Increased	Locoregional Recurrence
in U	pfront Resected Pancreas Ca	ancer Receiving Adjuvant T	herapy
Man	nuscript number (if known):		
relate part to trelate man. The to the med. In it.	ted to the content of your miles whose interests may be cansparency and does not not itionship/activity/interest, it following questions apply to suscript only. author's relationships/activity energial energy of hyperterication, even if that medical	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationships wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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	_xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	tro time initiation this item.		
		Time frame: past	36 months
2	Grants or contracts from	x None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone	
	Safety Monitoring Board or Advisory Board		
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	xNone	
13	Other financial or non-	_xNone	
financia	financial interests		
	se summarize the above co	nflict of interest in the fol	owing box:

Date	e:4/6/2021		
Your	r Name: Amit Mahipal		
Man	uscript Title: Intact SMAD-4	is a Predictor of Increased	Locoregional Recurrence
in U	pfront Resected Pancreas C	ancer Receiving Adjuvant T	herapy
Man	uscript number (if known):		
relate part to trelate The man The to the med	ted to the content of your name ies whose interests may be cansparency and does not not ionship/activity/interest, it following questions apply touscript only. author's relationships/activity endemiology of hyperterication, even if that medical	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. It is preferable that you do so to the author's relationships wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains Il relationships with manufacturers of antihypertensive
		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	_xNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone	
	Safety Monitoring Board or Advisory Board		
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	xNone	
13	Other financial or non-	_xNone	
financ	financial interests		
	se summarize the above co	nflict of interest in the foll	owing box:

Date:_	4/6/2023	<u> </u>	
Your N	lame:	_Roman O. Kowalchuk	as a predictor of a locally aggressive pancreas cancer
Manus	script Title: Valid	dation of intact SMAD-4	as a predictor of a locally aggressive pancreas cancer
pheno	otype receiving adjuv	ant therapy	
):	
related parties to tran	d to the content of your s whose interests may b nsparency and does not	manuscript. "Related" me	I relationships/activities/interests listed below that are cans 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
The fo			ips/activities/interests as they relate to the <u>current</u>
to the	epidemiology of hypert		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	n #1 below, report all su ne frame for disclosure		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	l planning of the work
All	support for the present	None	
ma	anuscript (e.g., funding,		
-	ovision of study materials,		
	edical writing, article		
	ocessing charges, etc.)		
No	time limit for this item.		
		Time frame: past	t 36 months
	ants or contracts from	None	
	y entity (if not indicated		
	item #1 above).	NI	
Ko'	yalties or licenses	None	
Co	nculting food	None	
- -	nsulting fees	None	

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	_x	The wife of Dr. Kowalchuk is a senior technical product manager for GE Healthcare		
	Please summarize the above conflict of interest in the following box: The wife of Dr. Kowalchuk is a senior technical product manager for GE Healthcare				

Date:4/5/21
Your Name: Jonathan B. Ashman
Manuscript Title: "Validation of intact SMAD-4 as a predictor of a locally aggressive pancreas cancer
phenotype"
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		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.	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	

			T
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	
	lineetings and/or traver		
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	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	140116	
12	Descipt of anytings and	Nama	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
4.2	services		
13	Other financial or non-	None	
	financial interests		
	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date	e:4/5/2021					
	Your Name: William Rule					
Man	Manuscript Title: Intact SMAD-4 is a Predictor of Increased Locoregional Recurrence					
in U	in Upfront Resected Pancreas Cancer Receiving Adjuvant Therapy					
Man	nuscript number (if known):					
relate part to trelate The man The to the med	ted to the content of your name ies whose interests may be cansparency and does not not ionship/activity/interest, it following questions apply to suscript only. author's relationships/activity endemiology of hyperterication, even if that medical	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationships wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		none (add rows as				
		needed)	planning of the yearly			
1	All arrange at families and a such	Time frame: Since the initial	planning of the work			
1	All support for the present manuscript (e.g., funding,	_xNone				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
2	Cuanta an aantus sta fuana	Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated	_xNone				
	in item #1 above).					
3	Royalties or licenses	x None				
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 meetings and/or travel	xNone			
8	Patents planned, issued or	_xNone			
	pending				
9	Participation on a Data	xNone			
	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	Stock or stock options	x_None			
12	Receipt of equipment,	x None			
	materials, drugs, medical			_	
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	_xNone			
	financial interests				
Dia	Please summarize the above conflict of interest in the following box:				
- IE	ise summanze the above to	milet of interest in the follo	DWILLE DOX.		
N	one				

Date: 4/6/2021
Your Name: Dawn Owen
Manuscript Title: Validation of intact SMAD-4 as a predictor of a locally aggressive pancreas cancer phenotype
Manuscrint 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		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	planning of the work
1	All support for the present	NONE	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	Mayo Clinic	Research grant for clinical trial (no direct payment to me)
	in item #1 above).	Astra Zeneca	Research grant for clinical trial (no direct payment to me)
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	Up to Date	Honorarium for being a contributor/author
	lectures, presentations,	- P 10 2 4 10	Total and the sound a contribution, auditor
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	NONE	
	testimony		
7	Support for attending	NONE	
	meetings and/or travel		
8	Patents planned, issued or	NONE	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	NONE	
10	Leadership or fiduciary role in other board, society,	NONE	
	committee or advocacy		
4.4	group, paid or unpaid	NONE	
11	Stock or stock options	NONE	
	Descript of anythment	NONE	
.2	Receipt of equipment,	NONE	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	NONE	
	financial interests		

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

Research grants for clinical trial operations and protocol delivery from Mayo Clinic and Astra Zeneca. No direct financial relationship

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

Date	e:4/6/2021					
You	Your Name:Michelle Neben Wittich					
Mar	Manuscript Title: Intact SMAD-4 is a Predictor of Increased Locoregional Recurrence					
in U	pfront Resected Pancreas C	ancer Receiving Adjuvant T	herapy			
Mar	nuscript number (if known):					
relate part to trelate man. The to the med. In it.	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply to auscript only. author's relationships/active epidemiology of hypertelication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so to the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		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	_xNone				
	manuscript (e.g., funding, provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: past	36 months			
2	Grants or contracts from	_xNone				
	any entity (if not indicated					
2	in item #1 above).	Nama				
3	Royalties or licenses	xNone				

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone		
	Safety Monitoring Board or Advisory Board			
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	xNone		
13	Other financial or non-	_xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box: None			

Date	e:4/11/2021					
You	Your Name:Robert McWilliams					
Man	Manuscript Title: Intact SMAD-4 is a Predictor of Increased Locoregional Recurrence					
in U	pfront Resected Pancreas C	ancer Receiving Adjuvant T	herapy			
Man	nuscript number (if known):					
relate part to trelate man. The to the med. In it.	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply to auscript only. author's relationships/active epidemiology of hypertelication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		needed)				
		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.	_xNone				
		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	xNone				

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone		
	Safety Monitoring Board or Advisory Board			
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	xNone		
13	Other financial or non-	_xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box: None			

Date:	04/06/21	
Your Name:	Thorvardur R. Halfdanarson	
Manuscript Title:_ receiving adjuvant		a predictor of a locally aggressive pancreas cancer phenotype
Manuscript numb	er (if known):	
related to the con	tent of your manuscript. "Related	se all relationships/activities/interests listed below that are " means any relation with for-profit or not-for-profit third
•		ent of the manuscript. Disclosure represents a commitment bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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.

		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.	_xNone	
		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	xNone	

5	Payment or honoraria for lectures, presentations,	x_None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_xNone		
	testimony			
7	Compart for attanding	y None		
7	Support for attending meetings and/or travel	_xNone		
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	xNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	x None		
	Stock of Stock options			
12	Receipt of equipment,	x None		
	materials, drugs, medical			
	writing, gifts or other			
12	services	No.		
13	Other financial or non- financial interests	_xNone		
	imanciai interests			
Ple	ase summarize the above co	onflict of interest in the	e following box:	
Γ.	Name -			
	None			
				- 1

Date:_____4/6/2021_____

	r Name: Wen Wee Ma		
Ma	nuscript Title: Intact SMAD-	4 is a Predictor of Increase	ed Locoregional Recurrence
in U	Ipfront Resected Pancreas C	ancer Receiving Adjuvant	Therapy
Ma	nuscript number (if known):		
rela part to t rela	ted to the content of your name	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do	
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to t med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other item
		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 initi	al planning of the work
1	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	st 36 months
2	Grants or contracts from	x None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	y None	
3	Royalties of licenses	xNone	
4	Consulting fees	x None	
+	Consulting ices	^	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone		
	Safety Monitoring Board or Advisory Board			
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	xNone		
13	Other financial or non-	_xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box: None			

Date:_____4-6-2021_____

Yo	ur Name:Terence Sio_			_		
M	Manuscript Title: Validation of intact SMAD-4 as a predictor of a locally aggressive pancreas cancer					
pł	phenotype					
M	anuscript number (if known)):				
re pa to re Th ma	lated to the content of your rties whose interests may be transparency and does not lationship/activity/interest, e following questions apply anuscript only.	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains			
	edication, even if that medic		e all relationships with manufacturers of antihypertensive the manuscript.			
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other items	3,		
		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	l planning of the work			
L	All support for the present	None				
	manuscript (e.g., funding, provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: past	t 36 months			
2	Grants or contracts from	None				
	any entity (if not indicated					
	in item #1 above).					
}	Royalties or licenses	None				
ļ	Consulting fees	None				

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	Novocure	Payment made to my institution

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

Dr. Terence Sio reports that he provides strategic and scientific recommendations as a member
of the Advisory Board and speaker for Novocure, Inc., which is not in any way associated with the
content or disease site as presented in this manuscript.

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

Date:_April 5, 2021				
Your Name:_Sean Cleary				
Manuscript Title: Validation of inta	act SMAD-4 as a predictor of a locally aggressive pancreas cancer phenotype			
Receiving Adjuvant Thearpy				
Manuscript number (if known):	Manuscript number (if known):			
related to the content of your manus parties whose interests may be affect	sk you to disclose all relationships/activities/interests listed below that are script. "Related" means any relation with for-profit or not-for-profit third cted by the content of the manuscript. Disclosure represents a commitment sarily indicate a bias. If you are in doubt about whether to list a			

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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.

		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.	XNone	
		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	_XNone	

5	Payment or honoraria for	None	
	lectures, presentations,	Olympus	Consulting
	speakers bureaus,	Ethicon	Educational events
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings unayor traver		
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	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	NOTIE	
	illialiciai illiciests		

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

Olympus consulting and Ethicon educational events.	

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

Date	e:4/6/2021		
	r Name:Mark J. Truty		
Man	uscript Title: Intact SMAD-4	4 is a Predictor of Increased	Locoregional Recurrence
in U	pfront Resected Pancreas C	ancer Receiving Adjuvant T	herapy
Man	uscript number (if known):		
relate to trelate man. The to the med. In its	ted to the content of your naies whose interests may be cansparency and does not notionship/activity/interest, it following questions apply touscript only. author's relationships/activity endemiology of hypertelication, even if that medical	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. It is preferable that you do s o the author's relationships vities/interests should be <u>d</u> nsion, you should declare a stion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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	_xNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
2	in item #1 above).	Nama	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone	
	Safety Monitoring Board or Advisory Board		
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	xNone	
13	Other financial or non-	_xNone	
	financial interests		
	se summarize the above co	nflict of interest in the fol	owing box:

Date	e:4/6/2021			
You	r Name:Michael Haddock			
Manuscript Title: Intact SMAD-4 is a Predictor of Increased Locoregional Recurrence				
in U	pfront Resected Pancreas C	ancer Receiving Adjuvant T	herapy	
Man	nuscript number (if known):			
relate part to trelate man. The to the med. In it.	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply to auscript only. author's relationships/active epidemiology of hypertelication, even if that medical	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationships wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	
		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	_xNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article processing charges, etc.)			
	No time limit for this item.			
	No time initial to this term.			
		Time frame: past	36 months	
2	Grants or contracts from	x None		
_	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	xNone		
4	Consulting fees	xNone		

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	xNone	
	Safety Monitoring Board or Advisory Board		
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	xNone	
13	Other financial or non-	_xNone	
	financial interests		
	se summarize the above co	nflict of interest in the fol	owing box:

Your Name: Christopher L. Hallemeier

Manuscript Title: Validation of intact SMAD-4 as a predictor of a locally aggressive pancreas cancer

phenotype receiving adjuvant therapy

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

· ·	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
_			
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
10	Advisory Board	No. No.	
10	Leadership or fiduciary role	xNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
11	Stock of Stock options		
12	Receipt of equipment,	x None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		
Ple	ase summarize the above co	nflict of interest in th	e following box:
1	Vone		

Date: April 5,2021
Your Name: Kenneth Merrell
Manuscript Title: Validation of intact SMAD-4 as a predictor of a locally aggressive pancreas cancer phenotype receiving
adjuvant therapy
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		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).	Pfizer Novartis AstraZeneca Varian	Global Medical Education Grant Research grant supporting clinical trial Research grant supporting clinical trials Global Medical Education Grant
3	Royalties or licenses	None	
4	Consulting fees	None	

г	Downsont on here are in face	A stro 7 s n s s s	Descived research funding as her service for a leading
5	Payment or honoraria for	AstraZeneca	Received research funding as honoraria for a lecture
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Global Access to Cancer	Board of Directors
	in other board, society,	Care Foundation	
	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 foll	owing box:

I have ongoing grant support for clinical trial and global medical education programs. None of these grants are relevant to the manuscript.