| Date: | December | 19th | 2021 | | | | | |
|----------|-------------------------|------------------|-----------------|-----------------|----------------|-------------|-------------|---------|
| Your Nam | ne: Nina | Farro | khnig | | | | | |
| Manuscri | pt Title: Validating th | e PSOGI clas | sification of p | eritoneal disea | se from non-ca | rcinoid epi | thelial app | endicea |
| neoplasm | is in the curative and | palliative set | ting: An obse | vational retro | spective study | | | |
| Manuscri | pt number (if known |): <u> J60 -</u> | 21-581- | RI | | | | |

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>.

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| | | 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) |
|---|---|--|---|
| 1 | All augment for the present | Time frame: Since the initia | l planning of the work |
| | All support for the present manuscript (e.g., funding, | <u>X</u> None | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time limit for this item. | | |
| | | | |
| | 915 WAY 17 SEC 12 A. | Time frame: past | 36 months |
| 2 | Grants or contracts from | X_None | |
| | any entity (if not indicated | | |
| 3 | in item #1 above). Royalties or licenses | X None | |
| 3 | Noyalties of licelises | INOITE | |
| | | | |
| 4 | Consulting fees | <u>X</u> None | |
| | | | |

| 5 | | 17 | |
|----|---|---------------|--|
| | Payment or honoraria for lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| | Payment for expert testimony | <u>X</u> None | |
| 7 | Support for attending meetings and/or travel | _X_None | |
| | | | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X_None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical writing, gifts or other services | | |
| 13 | Other financial or non- financial interests | <u>X</u> None | |
| | | | |

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

🔀 I certify that I have answered every question and have not altered the wording of any of the questions on this

| Date: December 19th 2021 |
|---|
| Your Name: Hennih Benoni |
| Manuscript Title: Validating the PSOGI classification of peritoneal disease from non-carcinoid epithelial appendiceal |
| neoplasms in the curative and palliative setting: An observational retrospective study |
| Manuscript number (if known): $360-21-581-21$ |

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| | | 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) |
|-----|---|--|---|
| 40 | | 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. | _ <u>X_</u> None | |
| No. | 经开展用性非当性 Pag 15 in | 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 | |

| 5 | Payment or honoraria for | None | |
|----|---|---------------------|--|
| | lectures, presentations, speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | _ K_None | |
| | | | |
| 8 | Patents planned, issued or pending | _K_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 | <u>以</u> None | |
| 11 | Stock or stock options | _ <pre>_</pre> None | |
| 12 | Receipt of equipment, materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- financial interests | None | |

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

| No conflicts o | f interest |
|----------------|------------|
| | |

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| Date: | 2021- | 12-22 | | |
|-----------------------|----------------|----------------|---------------|---|
| Your Name: | 0 | Lana | nani | pour |
| Manuscript Tit | :le: Validatin | g the PSOGI | classificatio | n of peritoneal disease from non-carcinoid epithelial appendiceal |
| neoplasms in t | he curative a | and palliative | setting: An | observational retrospective study |
| Manuscript nu | mber (if kno | own): | | |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|---|--|---|
| | | Time frame: Since the initi | al 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: pas | st 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 | |

| 5 | Payment or honoraria for | None | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| _ | Bankirinakian ana Baka | None | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| -11 | Advisory Board | N/ | |
| 10 | Leadership or fiduciary role in other board, society, | None | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | X None | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other services | * / | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

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

| NO | conflict | of | interest | |
|----|----------|----|----------|--|
| | | | | |
| | | | | |

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

I certify that I have answered every question and have not altered the wording of any of the questions on this

| Date: | 2021-1 | 2-26 |
|-------------------------|--------------------|--|
| Your Name: | Peter | Cashin |
| Manuscript Title | : Validating the P | SOGI classification of peritoneal disease from non-carcinoid epithelial appendicea |
| neoplasms in the | curative and pall | liative setting: An observational retrospective study |
| Manuscript num | nber (if known): | JG0-21-581-RI |

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

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|---|---|--|---|
| | | 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 Bengt hre Fellowship fund | Processing charges and research time |
| | | 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 | |

| 5 | Payment or honoraria for | None | |
|----|--|---------------|--|
| | lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
| 5 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| 8 | Patents planned, issued or pending | _X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u>X</u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_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:

No conflicts of Threest, other than unrestricted funding from the

Bengt Ihre Fellowhip fund which has paid for processing charges and provided time for article drafting.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this