

## ICMJE DISCLOSURE FORM

Date: July 8, 2022

Your Name: Ellery Altshuler

Manuscript Title: \_\_\_\_\_

Manuscript number (if known): Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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

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:

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: July 11, 2022

Your Name: Andrea N. Riner

Manuscript Title: Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

Manuscript number (if known): JGO-22-434-CL

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Human Genome Research Institute, NIH	Grant Number T32 HG008958 to provide salary support for ANR
		National Cancer Institute, NIH	Grant Number CA233444-03S1 to provide research support for ANR
3	Royalties or licenses	<u>  X  </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Collaborative Alliance of Pancreas Education and Research Scholar	Non-financial support with mentorship

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

ANR is supported by the National Human Genome Research Institute (T32 HG008958), the National Cancer Institute (CA233444-03S1) of the National Institutes of Health, as well as the Collaborative Alliance of Pancreas Education and Research.

**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 form.

## ICMJE DISCLOSURE FORM

**Date:** 7/11/2022

**Your Name:** Kelly Herremans

**Manuscript Title:** Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

**Manuscript number (if known):** JGO-22-434-CL

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	N/A	
3	Royalties or licenses	N/A	
4	Consulting fees	N/A	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	N/A	
6	Payment for expert testimony	N/A	
7	Support for attending meetings and/or travel	N/A	
8	Patents planned, issued or pending	N/A	
9	Participation on a Data Safety Monitoring Board or Advisory Board	N/A	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	N/A	
11	Stock or stock options	N/A	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	N/A	
13	Other financial or non-financial interests	N/A	

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

N/A
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**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:** 7/11/22

**Your Name:** Thomas J. George, MD, FACP

**Manuscript Title:** Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

**Manuscript number (if known):** JGO-22-434-CL

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

The author's relationships/activities/interests should be defined broadly. 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.

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Pfizer	Consultant fees

		Tempus Labs	Consultant Fees
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	ACI - Agenus	
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:**

I serve as a consultant to two commercial entities and as a DSMB member to a third, none of which have any impact on the current work submitted.

**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:** 7/11/22

**Your Name:** Sherise C. Rogers

**Manuscript Title:** Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

**Manuscript number (if known):** JGO-22-434-CL

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

The author's relationships/activities/interests should be defined broadly. 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.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>		
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).		Career Development Grant from Bristol Myers Squibb Foundation/National Medical Fellowships
3	Royalties or licenses		

4	Consulting fees		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony		
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests		

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

Sherise Rogers reports a Career Development Grant from Bristol Myers Squibb Foundation/National Medical Fellowships.

**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:** 7/16/22

**Your Name:** Alessandro Paniccia

**Manuscript Title:** Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

**Manuscript number (if known):** JGO-22-434-CL

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
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 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		
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:**

**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: 7/12/22  
 Your Name: Steven L. Hughes 

Manuscript Title: Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

Manuscript number (if known): JGO-22-434-CL

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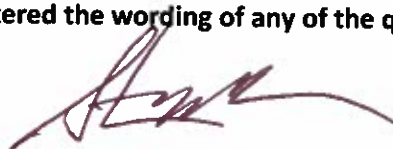
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH (SLH)	NIH 2409 DK 108320-06
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	N/A	
3	Royalties or licenses		
4	Consulting fees		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	N/A	
6	Payment for expert testimony	N/A.	
7	Support for attending meetings and/or travel	N/A.	
8	Patents planned, issued or pending	N/A.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	N/A	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	N/A.	
11	Stock or stock options	N/A	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	N/A	
13	Other financial or non-financial interests	N/A	

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

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## ICMJE DISCLOSURE FORM

**Date:** 07/11/2022

**Your Name:** Jesus C Fabregas, MD

**Manuscript Title:** Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

**Manuscript number (if known):** JGO-22-434-CL

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	N/A	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Ipsen, Novartis, Natera	
3	Royalties or licenses	N/A	
4	Consulting fees	N/A	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	N/A	
6	Payment for expert testimony	N/A	
7	Support for attending meetings and/or travel	N/A	
8	Patents planned, issued or pending	N/A	
9	Participation on a Data Safety Monitoring Board or Advisory Board	N/A	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	N/A	
11	Stock or stock options	N/A	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Ipsen	
13	Other financial or non-financial interests	N/A	

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

Grants or contracts from any entity: Ipsen, Novartis, Natera. Receipt of equipment, materials, drugs, medical writing, gifts or other services: Ipsen.

**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: July 8, 2022

Your Name: Ibrahim Nassour

Manuscript Title: Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

Manuscript number (if known): Chemotherapy is Associated with Improved Survival in a National Cohort of Stage IV Pancreatic Adenosquamous Carcinoma

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	

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

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None.

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