| Date | : <u>Dec 14</u> | 2022 | | |
|--------------------------|--|---|--|--|
| Your | Name: | Nicholas McN | amee | |
| | - | | | prognostic biomarkers for patients receiving CROSS or FLOT |
| Man | uscript num | ber (if known): | JGO-22-886 | |
| | | | | |
| relat parti to tra | ed to the co es whose in ansparency | ontent of your materests may be and does not no | nanuscript. "Related" mea affected by the content o | relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| | ollowing quuscript only | | o the author's relationship | os/activities/interests as they relate to the <u>current</u> |
| to th | e epidemio | logy of hyperter | _ | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. |
| | | | port for the work reported the past 36 months. | d in this manuscript without time limit. For all other items, |
| | | | 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 | al planning of the work |
| | manuscript (provision of medical writ processing c | | XNone | |
| | | | | |
| 2 | Grants or col any entity (if in item #1 ak | not indicated | Time frame: pas | t 36 months |
| 3 | Royalties or | licenses | XNone | |
| | | | | |

Consulting fees

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | • | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | 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 | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |

None.

| Date | : <u>Dec 13</u> | 2022 | | |
|--------------------------|---|--|--|--|
| Your | Name: | Udit Nindra | | |
| Man | uscript Title: | Haema | atological and nutrition | al prognostic biomarkers for patients receiving CROSS or FLOT |
| Man | uscript numl | per (if known): | JGO-22-886_ | |
| | | | | |
| relat parti to tra | ed to the cor es whose int ansparency a | ntent of your materests may be and does not ne | nanuscript. "Related" m affected by the content | all relationships/activities/interests listed below that are leans any relation with for-profit or not-for-profit third tof the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so. |
| | following quouscript only. | estions apply to | o the author's relationsl | hips/activities/interests as they relate to the <u>current</u> |
| to th | e epidemiol | ogy of hyperter | | e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. |
| | | | port for the work report the past 36 months. | ted in this manuscript without time limit. For all other items, |
| | | | 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) |
| | | | - | itial planning of the work |
| | medical writing processing ch | e.g., funding, tudy materials, ng, article arges, etc.) | XNone | |
| | No time limit | for this item. | Time frame: p | past 36 months |
| | Grants or con any entity (if in item #1 abo | not indicated | XNone | |
| | Royalties or li | | XNone | |
| | | | | |

Consulting fees

X__None

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | • | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | 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 | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |

None.

| Date | e: <u>Dec 13</u> | 2022 | | |
|------------------------|---|--|--|---|
| Your | Name: | Adel Shahnam | 1 | |
| Man | uscript Title | : Haem | atological and nutrition | al prognostic biomarkers for patients receiving CROSS or FLOT |
| Man | uscript num | ber (if known): | JGO-22-886_ | |
| | | | | |
| relat part to tr | ted to the co ies whose in ansparency | ntent of your m terests may be and does not no | nanuscript. "Related" m affected by the content | all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a |
| | following qu uscript only. | | o the author's relationsl | hips/activities/interests as they relate to the <u>current</u> |
| to th | ne epidemiol | ogy of hyperter | | e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. |
| | | | port for the work report the past 36 months. | ted in this manuscript without time limit. For all other items, |
| | | | 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) |
| | | | • | itial planning of the work |
| 1 | manuscript (opprovision of smedical writing processing characteristics) | study materials, ng, article | XNone | |
| | | | | |
| | | | Time frame: p | ast 36 months |
| 2 | Grants or cor any entity (if in item #1 ab | not indicated | XNone | |
| 3 | Royalties or l | icenses | XNone | |
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Consulting fees

X__None

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | • | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | 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 | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |

None.

| Date | e: <u>Dec 14 2022</u> | | |
|-------------------------|---|--|---|
| Your | Name: Robert Yoon | | |
| Man | uscript Title: <u>Haem</u> | atological and nutritional p | prognostic biomarkers for patients receiving CROSS or FLOT |
| Man | uscript number (if known): | JGO-22-886 | |
| | | | |
| relat parti to tr | ed to the content of your nies whose interests may be | nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the graph of the second of the |
| | following questions apply t uscript only. | o the author's relationship | s/activities/interests as they relate to the <u>current</u> |
| to th | • | nsion, you should declare a | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript. |
| | em #1 below, report all sup time frame for disclosure is | • | in this manuscript without time limit. For all other items, |
| | | 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 | l 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 | |
| | | | |
| 2 | Grants or contracts from | Time frame: pastXNone | 36 months |
| | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
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Consulting fees

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | • | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | 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 | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |

None.

| Date | : <u>Dec 14</u> | 2022 | | |
|--------------------------|--|---|--|---|
| Your | Name: | Ray Asghari | | |
| | - | | | prognostic biomarkers for patients receiving CROSS or FLOT |
| Man | uscript num | ber (if known): | JGO-22-886 | |
| | | | | |
| relat parti to tra | ed to the co es whose in ansparency | ontent of your materests may be and does not no | nanuscript. "Related" mea affected by the content of | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| | ollowing quuscript only | | o the author's relationship | os/activities/interests as they relate to the <u>current</u> |
| to th | e epidemio | logy of hyperter | _ | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. |
| | | | port for the work reported the past 36 months. | I in this manuscript without time limit. For all other items, |
| | | | 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 | l planning of the work |
| | manuscript (provision of medical writ processing c | | XNone | |
| | | | | |
| 2 | Grants or co any entity (if in item #1 ak | not indicated | Time frame: pastXNone | 36 months |
| 3 | Royalties or | | XNone | |
| | | | | |
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Consulting fees

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | • | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | | | |
| | meetings and/or traver | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | 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 | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |

None.

| Date | e: <u>Dec 14 2022</u> | | |
|-------------------------|---|--|---|
| Your | Name: Weng Ng | | |
| | uscript Title: <u>Haem</u> uscript number (if known): | | prognostic biomarkers for patients receiving CROSS or FLOT |
| ivian | uscript number (if known): | JGO-22-880 | |
| relat parti to tr | ed to the content of your mies whose interests may be | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. | relationships/activities/interests listed below that are ans 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 so. |
| | following questions apply to uscript only. | o the author's relationshi | ps/activities/interests as they relate to the <u>current</u> |
| to th | • | nsion, you should declare | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. |
| | em #1 below, report all sup ime frame for disclosure is | · | d in this manuscript without time limit. For all other items, |
| | | 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 | 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. | XNone | |
| | | | |
| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| | | | |

Consulting fees

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
| | • | | | |
| 7 | Support for attending | X None | | |
| , | meetings and/or travel | | | |
| | meetings and/or traver | | | |
| | | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | 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 | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |

None.

| Date: | 15 | /12 | /2022 | |
|-------|----|-----|-------|--|
|-------|----|-----|-------|--|

Your Name: Deme Karikios

Manuscript Title: Haematological and nutritional prognostic biomarkers for patients receiving CROSS or FLOT

Manuscript number (if known): JGO-22-886-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.

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.

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) |
|---|---|--|---|
| | | 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). | x_None | |
| 3 | Royalties or licenses | xNone | |
| 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 pending | _xNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | xNone | |
| 10 | Leadership or fiduciary role | xNone | |
| | in other board, society, committee or advocacy group, paid or unpaid | | |
| 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 | | |
| Plea | se summarize the above co | nflict of interest in the fol | lowing box: |
| Diag | se place an "X" next to the | following statement to in | dicate 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.

| Date | : <u>Dec 14</u> | 2022 | | |
|--------------------------|---|--|--|---|
| Your | Name: | Mark Wong | | |
| Man | uscript Title | : <u>Haem</u> | atological and nutritiona | l prognostic biomarkers for patients receiving CROSS or FLOT |
| Man | uscript num | ber (if known): | JGO-22-886 | |
| | | | | |
| relat parti to tra | ed to the co les whose in ansparency | ntent of your n terests may be and does not no | nanuscript. "Related" me affected by the content | Il relationships/activities/interests listed below that are eans 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 o so. |
| | following qu uscript only | | o the author's relationsh | ips/activities/interests as they relate to the <u>current</u> |
| to th | e epidemiol | ogy of hyperte | | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. |
| | | | port for the work reporte the past 36 months. | ed in this manuscript without time limit. For all other items, |
| | | | 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 init | ial planning of the work |
| n p n | 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 | | |
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| | | | Time frame: pa | ast 36 months |
| 2 | Grants or cor any entity (if in item #1 ab | not indicated | XNone | |
| 3 | Royalties or I | | XNone | |
| | | | | |
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Consulting fees

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
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| 7 | Support for attending meetings and/or travel | X None | | |
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| | meetings and/or traver | | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 0 | Participation on a Data | X None | | |
| 9 | | XNone | | |
| | 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 | XNone | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| | | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |

None.