

ICMJE DISCLOSURE FORM

Date: 1/19/2023

Your Name: Daniel Kerekes

Manuscript Title: Hepatopancreatobiliary Malignancies: Time to Treatment Matters

Manuscript Number (if known): JGO-22-1067-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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1518 396"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 827 1518 926"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1045 1518 1144"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1262 1518 1360"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1478 1518 1577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1667 1518 1766"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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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 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: 1/19/2023

Your Name: Alexander Frey

Manuscript Title: Hepatopancreatobiliary Malignancies: Time to Treatment Matters

Manuscript Number (if known): JGO-22-1067-CL

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ICMJE DISCLOSURE FORM

Date: 1/19/2023

Your Name: Baylee Bakkila

Manuscript Title: Hepatopancreatobiliary Malignancies: Time to Treatment Matters

Manuscript Number (if known): JGO-22-1067-CL

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Date: 1/19/2023

Your Name: Caroline Johnson

Manuscript Title: Hepatopancreatobiliary Malignancies: Time to Treatment Matters

Manuscript Number (if known): JGO-22-1067-CL

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Date: 1/19/2023

Your Name: Robert Becher

Manuscript Title: Hepatopancreatobiliary Malignancies: Time to Treatment Matters

Manuscript Number (if known): JGO-22-1067-CL

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 1/19/2023

Your Name: Kevin G. Billingsley MD

Manuscript Title: Hepatopancreatobiliary Malignancies: Time to Treatment Matters

Manuscript Number (if known): JGO-22-1067-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 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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ICMJE DISCLOSURE FORM

Date: 01/19/23

Your Name: Sajid Khan

Manuscript Title: Hepatopancreatobiliary Malignancies: Time to Treatment Matters

Manuscript Number (if known): JGO-22-1067-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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