

ICMJE DISCLOSURE FORM

Date: **Sept 8th 2022**

Your Name: **Dominique Pretot**

Manuscript Title: **Outcome analysis in patients with metastatic gastroenteropancreatic neuroendocrine tumors receiving peptide receptor radionuclide therapy with Lu-177-DOTATATE**

Manuscript number (if known): **N/A**

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) |
|---|--|--|---|
| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

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: 10.02.2023

Your Name: Ivette Engel-Bicik, MD

Manuscript Title: **Outcome analysis in patients with metastatic gastroenteropancreatic neuroendocrine tumors receiving peptide radionuclide therapy with Lu-177-DOTATATE"**

Manuscript number (if known): JGO-22-874

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.

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| 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u> x </u> None | |
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| 3 | Royalties or licenses | <u> x </u> None | |
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| 4 | Consulting fees | <u> x </u> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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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 summarize the above conflict of interest in the following box:

Nothing to disclose

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: 10.02.2023

Your Name: David Kenkel, MD

Manuscript Title: **Outcome analysis in patients with metastatic gastroenteropancreatic neuroendocrine tumors receiving peptide radionuclide therapy with Lu-177-DOTATATE"**

Manuscript number (if known): JGO-22-874

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: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

ICMJE DISCLOSURE FORM

Date: 10.02.2023

Your Name: Philipp Kaufmann, MD

Manuscript Title: **Outcome analysis in patients with metastatic gastroenteropancreatic neuroendocrine tumors receiving peptide radionuclide therapy with Lu-177-DOTATATE"**

Manuscript number (if known): JGO-22-874

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: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
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| 3 | Royalties or licenses | X None | |
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| 4 | Consulting fees | X None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None | |
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| 11 | Stock or stock options | X None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None | |
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| 13 | Other financial or non-financial interests | X None | |
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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.

Zurich, 13.02.2023

Dr. Kaufmann

ICMJE DISCLOSURE FORM

Date: 08.Feb.2023

Your Name: Valerie Treyer

Manuscript Title: Outcome analysis in patients with metastatic gastroenteropancreatic neuroendocrine tumors receiving peptide receptor radionuclide therapy with Lu-177-DOTATATE

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 current manuscript only.

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| Time frame: past 36 months | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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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 summarize the above conflict of interest in the following box:

nothing related to topic of paper

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: **Sept 18th 2022**

Your Name: **Alexander R. Siebenhüner (ARS)**

Manuscript Title: **Outcome analysis in patients with metastatic gastroenteropancreatic neuroendocrine tumors receiving peptide receptor radionuclide therapy with Lu-177-DOTATATE**

Manuscript number (if known): **N/A**

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: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <p>A.R.S. has served at advisory boards and received consulting honoraria from AMGEN, AAA, Bayer, BMS, IPSEN, Lilly, Merck, MSD, Pfizer, Roche, Sanofi, and Servier.</p> | |
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| 6 | Payment for expert testimony | <p><input checked="" type="checkbox"/> None</p> | |
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| 7 | Support for attending meetings and/or travel | <p>ARS has received travel grants from IPSEN and ROCHE</p> | |
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| 8 | Patents planned, issued or pending | <p><input checked="" type="checkbox"/> None</p> | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <p><input checked="" type="checkbox"/> None</p> | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <p><input checked="" type="checkbox"/> None</p> | |
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| | | | |
| 11 | Stock or stock options | <p><input checked="" type="checkbox"/> None</p> | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <p><input checked="" type="checkbox"/> None</p> | |
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| 13 | | <p><input checked="" type="checkbox"/> None</p> | |

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| | Other financial or non-financial interests | | |
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Please summarize the above conflict of interest in the following box:

ARS has no conflict of interest with the manuscript. All received payments for advisory boards and travel grants was received with no relation to the presented study.

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.

18th Sep. 2022



Alexander R. Siebenhüner