Date: Sept 7, 2022 Your Name: Zeba Siddiqui Manuscript Title: Real World Use of Lanreotide in Neuroendocrine Tumors 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 <u>current</u> <u>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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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: 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 | |

| Payment or honoraria for | None | |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| lectures, presentations, | | |
| speakers bureaus, | | |
| | | |
| | | |
| | None | |
| testimony | | |
| | | |
| Support for attending meetings and/or travel | None | |
| | | |
| | | |
| Patents planned, issued or | None | |
| pending | | |
| | | |
| Participation on a Data | None | |
| | | |
| • | | |
| | None | |
| | | |
| | | |
| Stock or stock options | None | |
| | | |
| | | |
| Receipt of equipment, | None | |
| materials, drugs, medical | | |
| | | |
| | | |
| Other financial or non- | None | |
| | None | |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, | lectures, presentations, speakers bureaus, manuscript writing or educational eventsImage: speakers bureaus, materials, drugs, medicalPayment for expert testimonyNonePayment for expert testimonyNoneSupport for attending meetings and/or travelNonePatents planned, issued or pendingNoneParticipation on a Data Safety Monitoring Board or Advisory BoardNoneSupport for diduciary role in other board, society, committee or advocacy group, paid or unpaidNoneReceipt of equipment, materials, drugs, medicalNoneReceipt of equipment, materials, drugs, medicalNone |

None.

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

Date: Sept 7, 2022 Your Name: Horia Marginean Manuscript Title: Real World Use of Lanreotide in Neuroendocrine Tumors 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 <u>current</u> <u>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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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: 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 | |

| Payment or honoraria for | None | |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| lectures, presentations, | | |
| speakers bureaus, | | |
| | | |
| | | |
| | None | |
| testimony | | |
| | | |
| Support for attending meetings and/or travel | None | |
| | | |
| | | |
| Patents planned, issued or | None | |
| pending | | |
| | | |
| Participation on a Data | None | |
| | | |
| • | | |
| | None | |
| | | |
| | | |
| Stock or stock options | None | |
| | | |
| | | |
| Receipt of equipment, | None | |
| materials, drugs, medical | | |
| | | |
| | | |
| Other financial or non- | None | |
| | None | |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, | lectures, presentations, speakers bureaus, manuscript writing or educational eventsImage: speakers bureaus, materials, drugs, medicalPayment for expert testimonyNonePayment for expert testimonyNoneSupport for attending meetings and/or travelNonePatents planned, issued or pendingNoneParticipation on a Data Safety Monitoring Board or Advisory BoardNoneSupport for diduciary role in other board, society, committee or advocacy group, paid or unpaidNoneReceipt of equipment, materials, drugs, medicalNoneReceipt of equipment, materials, drugs, medicalNone |

None.

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

Date: Sept 7, 2022 Your Name: Macyn Leung Manuscript Title: Real World Use of Lanreotide in Neuroendocrine Tumors 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 <u>current</u> <u>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.

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

| Payment or honoraria for | None | |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| lectures, presentations, | | |
| speakers bureaus, | | |
| | | |
| | | |
| | None | |
| testimony | | |
| | | |
| Support for attending meetings and/or travel | None | |
| | | |
| | | |
| Patents planned, issued or | None | |
| pending | | |
| | | |
| Participation on a Data | None | |
| | | |
| • | | |
| | None | |
| | | |
| | | |
| Stock or stock options | None | |
| | | |
| | | |
| Receipt of equipment, | None | |
| materials, drugs, medical | | |
| | | |
| | | |
| Other financial or non- | None | |
| | None | |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, | lectures, presentations, speakers bureaus, manuscript writing or educational eventsImage: speakers bureaus, materials, drugs, medicalPayment for expert testimonyNonePayment for expert testimonyNoneSupport for attending meetings and/or travelNonePatents planned, issued or pendingNoneParticipation on a Data Safety Monitoring Board or Advisory BoardNoneSupport for diduciary role in other board, society, committee or advocacy group, paid or unpaidNoneReceipt of equipment, materials, drugs, medicalNoneReceipt of equipment, materials, drugs, medicalNone |

None.

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

Date: Sept 7, 2022 Your Name: Timothy Asmis Manuscript Title: Real World Use of Lanreotide in Neuroendocrine Tumors 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 <u>current</u> <u>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.

| | | 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, | None | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| 5 | Royalles of licenses | NOTE | |
| | | | |
| | | | |
| 4 | Consulting fees | Consultant for Ipsen | |
| | | | |
| | | | |

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

Consultant for Ipsen. Involved in enrolling patients in clinical trials.

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

Date: Sept 7, 2022 Your Name: Michael Vickers Manuscript Title: Real World Use of Lanreotide in Neuroendocrine Tumors 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 <u>current</u> <u>manuscript only</u>.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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: 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 | Consultant for Amgen | |

| 5 | Payment or honoraria for | Speaker for Merck |
|----|----------------------------------------------------|-----------------------|
| | lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | None |
| | testimony | |
| | | |
| 7 | Support for attending meetings and/or travel | None |
| | | |
| | | |
| 8 | Patents planned, issued or | None |
| | pending | |
| | | |
| 9 | Participation on a Data | None |
| | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | Leadership or fiduciary role | None |
| | in other board, society, | |
| | committee or advocacy | |
| | group, paid or unpaid | |
| 11 | Stock or stock options | None |
| | | |
| 12 | Dessist of a subsequent | |
| 12 | Receipt of equipment, materials, drugs, medical | None |
| | writing, gifts or other | |
| | services | |
| 13 | Other financial or non- | Involved in enrolling |
| 15 | financial interests | patients in clinical |
| | | trials. |
| | | |

Consultant for Amgen. Speaker for Merck. Involved in enrolling patients in clinical trials.

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

Date: Sept 7, 2022 Your Name: Rachel Goodwin Manuscript Title: Real World Use of Lanreotide in Neuroendocrine Tumors 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 <u>current</u> <u>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.

| | | 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 | 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. | Ipsen Pharmaceuticals | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Received independent educational grants from Pfizer and Eisai, Apobiologix | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for | Speaker for Merck, Viatris, | |

| | lectures, presentations, | Pfizer, Amgen |
|----|-------------------------------------------------|-----------------------------|
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | None |
| | testimony | |
| | | |
| 7 | Support for attending meetings and/or travel | None |
| | | |
| | | |
| 8 | Patents planned, issued or | None |
| | pending | |
| | | |
| 9 | Participation on a Data | Member of advisory board |
| | Safety Monitoring Board or | for Ipsen, Pfizer, Eisai, |
| | Advisory Board | Roche, Bayer, AAA and |
| | | Apobiologix |
| 10 | Leadership or fiduciary role | None |
| | in other board, society, | |
| | committee or advocacy | |
| | group, paid or unpaid | |
| 11 | Stock or stock options | None |
| | | |
| | | |
| 12 | Receipt of equipment, | None |
| | materials, drugs, medical | |
| | writing, gifts or other | |
| | services | |
| 13 | Other financial or non- | Involved in enrolling |
| | financial interests | patients in clinical trials |
| | | |

Member of advisory board for Ipsen, Pfizer, Eisai, Roche, Bayer, AAA and Apobiologix. Speaker for Merck, Viatris, Pfizer, Amgen. Received independent educational grants from Pfizer and Eisai, Apobiologix. Involved in enrolling patients in clinical trials.

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