

ICMJE DISCLOSURE FORM

Date: 10/10/2023

Your Name: Leslie Washburn

Manuscript Title: Postpartum Related Intrahepatic Cholangiocarcinoma with FGFR2 fusion and Severe Hyperbilirubinemia and Response to FGFR inhibitor Pemigatinib: Case Report and Review.

Manuscript number (if known): JGO-23-693-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 **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.	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	

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

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

<p>Leslie Washburn reports no conflict of interest.</p>

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: 10/10/2023
 Your Name: Amit Mahipal
 Manuscript Title: Postpartum Related Intrahepatic Cholangiocarcinoma with FGFR2 fusion and Severe Hyperbilirubinemia and Response to FGFR inhibitor Pemigatinib: Case Report and Review.
 Manuscript number (if known): JGO-23-693-CL

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

Amit Mahipal reports no conflict of interest.

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: 10/10/2023
 Your Name: Aminah Jatoi
 Manuscript Title: Postpartum Related Intrahepatic Cholangiocarcinoma with FGFR2 fusion and Severe Hyperbilirubinemia and Response to FGFR inhibitor Pemigatinib: Case Report and Review.
 Manuscript number (if known): JGO-23-693-CL

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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	

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

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

Aminah Jatoi reports no conflict of interest.

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: 10/10/2023
 Your Name: Lisa Kottschade
 Manuscript Title: Postpartum Related Intrahepatic Cholangiocarcinoma with FGFR2 fusion and Severe Hyperbilirubinemia and Response to FGFR inhibitor Pemigatinib: Case Report and Review.
 Manuscript number (if known): JGO-23-693-CL

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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	

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	___ 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:

Lisa Kottschade reports no conflict of interest.

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: 10/10/2023
 Your Name: Nguyen H Tran
 Manuscript Title: Postpartum Related Intrahepatic Cholangiocarcinoma with FGFR2 fusion and Severe Hyperbilirubinemia and Response to FGFR inhibitor Pemigatinib: Case Report and Review.
 Manuscript number (if known): JGO-23-693-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.) No time limit for this item.	NIMHHD	Nguyen H Tran is a recipient of the 1K23MD017217-01A1
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	TEMPUS, Genentech, AZ	Payments made to institution

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Helsinn	Payments made to institution
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	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:

Nguyen H Tran is a recipient of the 1K23MD017217-01A1. She has received honorarium from Helsinn and is a consultant for tempus, AZ and genentech.

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.