ICMJE DISCLOSURE FORM

Date: March 9 th , 2022
Your Name: Xinchun Liu
Manuscript Title: Comparative study of sarcomatoid carcinoma and carcinosarcoma of the pancreas: A
Population-based Study
Manuscript number (if known): TCR-22-410

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.	Hangzhou Health Science and Technology Program	Payments were made to the institution
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	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	XNone	
	pending		
9	Participation on a Data	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	X None	
	Stock of Stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

The author received funding from Hangzhou Health Science and Technology Program (A20210271).

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: March 10 th , 2022					
Your Name:	Haoran	Wang			
Manuscript	Title:	Comparative study	of sarcomatoid carcinoma and carcinosarcoma of the pancreas: A		
Population-	based Study	,	·		
Manuscript	number (if k	(nown):	TCR-22-410		

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	speakers bureaus,			
	manuscript writing or			
	educational events	V N		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
′	meetings and/or travel	^None		
	meetings and/or traver			
8	Datanta planned issued as	V None		
ŏ	Patents planned, issued or pending	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or	XNONC		
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_ XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
13	financial interests	^NONE		
	manda meerests			
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:	
	ŭ			

None.			

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: March 11 th , 2022				
Your Name: Rongchao Ying				
Manuscript Title: Comparative study of sarcomatoid carcinoma and carcinosarcoma of the pancreas: A				
Population-based Study				
Manuscript number (if known): TCR-22-410				

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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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		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	X_None	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
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6	Payment for expert	XNone			
	testimony				
7	Cupport for attending	X None			
/	Support for attending meetings and/or travel	xNone			
	meetings and/or traver				
0	Determine alarmed increased an	V Nana			
8	Patents planned, issued or pending	XNone			
	pending				
9	Participation on a Data	X None			
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11	.1 Stock or stock options	_XNone			
12	Receipt of equipment, materials, drugs, medical	X_None			
	writing, gifts or other services				
13	Other financial or non-	X None			
10	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

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