Date: Feb/5th/2024

Your Name: Sara Elena Campos Ramírez

Manuscript Title: Spontaneous remission of a pulmonary sclerosing epithelioid fibrosarcoma: possible

Abscopal effect

Manuscript number (if known): TCR-23-2276-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 <u>current manuscript only</u>.

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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	XNone XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.			

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

Date: _	Feb. 25 th , 2021
Your N	ame: M. Carmen Gómez-Mateo
Manus	cript Title: Spontaneous remission of a pulmonary sclerosing epithelioid fibrosarcoma: possible
Absco	pal effect
Manus	cript number (if known):Manuscript ID: TCR-23-2276-CL

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		Time frame: Since the initial	planning of the work
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		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	

_	Daywa and an har in the	V. Nors	
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	
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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	
	·		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Date: <u>Feb. 5th, 2024</u>

Your Name: Sofia ruffini Egea

medical writing, article processing charges, etc.)

No time limit for this item.

Manı	uscript Title: S	oontaneous remission of a p	oulmonary sclerosing epithelioid
fibros	sarcoma: possible Abscopal	effect	
	_	TOD 00 00TC	
Manı	uscript number (if known): _	TCR-23-2276-	<u>CL</u>
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	e interest of transparency, w below that are	re ask you to disclose all rela	ationships/activities/interests
		nuscrint "Related" means	any relation with for-profit or
	or-profit third	maseripe. Related means	any relation with for profit of
	es whose interests may be a	ffected by the content of th	e manuscript. Disclosure
-	sents a commitment		
-		essarily indicate a bias. If y	ou are in doubt about whether to
	relationship/activity/interes		
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	e <u>current</u>		
<u>manu</u>	iscript only.		
Thoo	uthar's relationships/activit	ios/intorosts should be defi	ned broadly. For example, if your
	iscript pertains	ies/interests snould be <u>den</u>	ned broadiy. For example, it your
		sion, you should declare all	relationships with manufacturers
		· ·	ot mentioned in the manuscript.
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In ite	m #1 below, report all suppo	ort for the work reported in	this manuscript without time
limit.	For all other items,	•	•
the ti	me frame for disclosure is tl	ne past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as needed)	institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		

		Time frame: past	36 months
2	Grants or contracts from any	XNone	
	entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
	services		
13	Other financial or non- financial interests	XNone	
	ilitaticiai litterests		

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.

Sofía Ruffini Egea



Date	e: <u>Feb. 5th, 2024</u>		
	r Name: <u>María Luna M</u>		
	uscript Title: Spontaneous uscript number (if known):		sclerosing epithelioid fibrosarcoma: possible Abscopal effect
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relat part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationship	os/activities/interests as they relate to the current
to th	_	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	·	d in this manuscript without time limit. For all other items,
		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	l 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.	XNone	
		Time frame: pas	t 26 months
2	Grants or contracts from	X None	t so months
	any entity (if not indicated		
2	in item #1 above).	V None	
3	Royalties or licenses	X_None	

Consulting fees

X__None

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ů	testimony		
	testimony		
7	Cuppert for attending	V None	
/	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	perioring		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	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,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.	

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

Date: _	Feb. (05 th , 2024
Your Na	me:	Pablo Gómez Mugarza
Manuso	ript Titl	e: Spontaneous remission of a pulmonary sclerosing epithelioid fibrosarcoma: possible Abscopal effect
Manusc	ript nur	nber (if known): TCR-23-2276-CL

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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.		

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

Date: _	Feb. 5 th , 2024	
Your N	me: <u>SUSANA BARRIENDOS SANZ</u>	
Manus	ript Title: Spontaneous remission of a pulmonary sclerosing epithelioid fibrosarcoma: possible Abscopal effect	
Manus	ript number (if known):TCR-23-2276-CL	

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		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.	XNone	
		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	

6 7	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	XNoneXNoneXNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.			

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



Date: Feb 5th 2024

Your Name: Javier Martínez-Trufero

Manuscript Title: Spontaneous remission of a pulmonary sclerosing epithelioid fibrosarcoma: possible Abscopal effect

Manuscript number (if known): TCR-23-2276-CL

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated	None None	30 months
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
3	lectures, presentations,	None	
	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	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	

None.

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