#### Date: <u>27/3/2024</u> Your Name: <u>SALLY ELTAWAB</u>

Manuscript Title: The surgical, histopathological characteristics, and survival outcome of Ovarian Clear cell carcinoma: A retrospective case series sharing the experience of a tertiary cancer Centre over ten years Manuscript number (if known): TCR-24-83-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</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	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	

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	

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.

Date: 27.03.2024

Your Name: Sabina Nistor

Manuscript Title: The surgical, histopathological characteristics, and survival outcome of Ovarian Clear cell carcinoma: A retrospective case series sharing the experience of a tertiary cancer Centre over ten years Manuscript number (if known): TCR-24-83-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	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	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Nana	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
<i>'</i>	meetings and/or travel		
	incettings und/or traver		
8	Datants planned issued or	None	
0	Patents planned, issued or		
	pending		
9	Participation on a Data	None	
5	-		
10	-	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12		None	
12		None	
13			
	committee or advocacy group, paid or unpaid		

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.

Niđ

Date: <u><u><u>U</u>APAL COLU</u> Your Name: <u><u>PENE</u> <u>COUX</u> Manuscript Title: The surgical, histopathological characteristics, and survival outcome of Ovarian Clear cell carcinoma: A retrospective case series sharing the experience of a tertiary cancer Centre over ten years Manuscript number (If known): TCR-24-83-CL</u></u>

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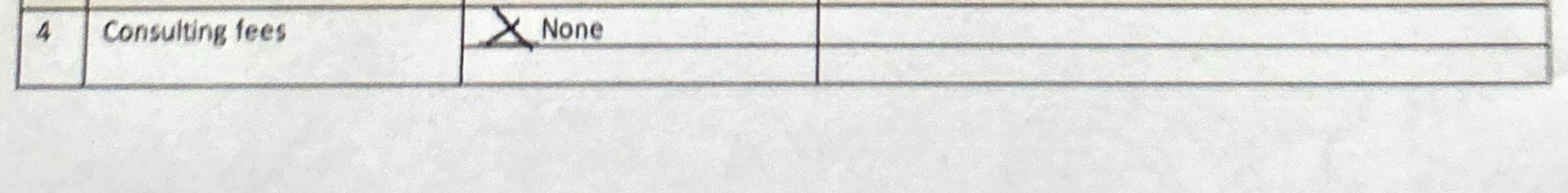
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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 Specifications/Comments

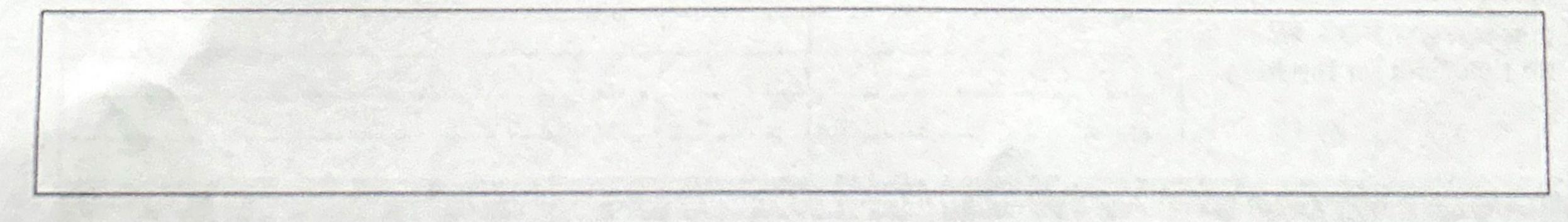
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	XNone	



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X None	

7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone	
100			
1	services		
13	Other financial or non-	XNone	
	financial interests		
and the second se		and an and a set of the	



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.

27.3.24

Date: \_\_\_\_\_ Your Name: Dr Sanjiv Manek

Manuscript Title: The surgical, histopathological characteristics, and survival outcome of Ovarian Clear cell carcinoma: A retrospective case series sharing the experience of a tertiary cancer Centre over ten years Manuscript number (if known): TCR-24-83-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.

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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,	None	
	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	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12		None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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.

Amb

Date: 04/04/2024

Your Name: Dr Kezia Gaitskell

Manuscript Title: The surgical, histopathological characteristics, and survival outcome of Ovarian Clear cell carcinoma: A retrospective case series sharing the experience of a tertiary cancer Centre over ten years Manuscript number (if known): TCR-24-83-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.

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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)
1	All support for the present	Time frame: Since the initial X None	planning of the work
1	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	_XNone	
	any entity (if not indicated		
3	in item #1 above).	X None	
5	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 testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned issued or	X None	
0	Patents planned, issued or 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,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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.

#### Date: 3/05/2024

#### Your Name: Ahmed Ashour Ahmed\_

Manuscript Title: The surgical, histopathological characteristics, and survival outcome of Ovarian Clear cell carcinoma: A retrospective case series sharing the experience of a tertiary cancer Centre Manuscript number (if known): TCR-24-83-CL

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
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	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).		
З	Royalties or licenses	None	
4	Consulting fees	yes	Singula Bio Ltd

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	Yes	Through Oxford University Innovation (one patent and four pending)
9	Participation on a Data Safety Monitoring Board or Advisory Board	Yes	Well-being of Women and The Eve Appeal
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	

- I am a founder, director and consultant for Singula Bio Ltd
- Patents planned, issued or pending : Through Oxford University Innovation (one patent and four pending).
- Participation on a Data Safety Monitoring Board or Advisory Board: Well-being of Women and The Eve .Appeal

#### 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.

Date: <u>6 April 2024</u>

Your Name: Sean Kehoe

**Manuscript Title:** The surgical, histopathological characteristics, and survival outcome of Ovarian Clear cell carcinoma: A retrospective case series sharing the experience of a tertiary cancer Centre over ten years **Manuscript number (if known):** TCR-24-83-CL

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		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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
6	educational events 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 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.

#### Date: <u>3 May 2024</u>

Your Name: Dr Hooman Soleymani majd

Manuscript Title: The surgical, histopathological characteristics, and survival outcome of Ovarian Clear cell carcinoma: A retrospective case series sharing the experience of a tertiary cancer Centre Manuscript number (if known): TCR-24-83-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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Time frame: Since the initial TCR journal article processing charge	I am on the editorial board of the TCR journal, and they waived the charge for this reason.
		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 F	Daymont or honoraria for	None	
	Payment or honoraria for lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert testimony	None	
7 9	Support for attending	None	
	meetings and/or travel		
8 F	Patents planned, issued or	None	
	pending		
9 F	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	N	
11 9	Stock or stock options	None	
12 F	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13 (	Other financial or non-	None	
f	financial interests		

Support of the present manuscript : TCR journal article processing charge: I am on the editorial board of the TCR journal, and they waived the charge for this reason.

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