Date: 9/7/2022
Your Name:Robert A. Ramirez, DO
Manuscript Title: A Multidisciplinary Approach to the Work up and Management of Pulmonary
Carcinoid Tumors and DIPNECH: A Narrative Review
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 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)
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).	Merck, Aadi bioscience	Payments made to institution
3	Royalties or licenses	xNone	
4	Consulting fees	Ipsen, Novartis, Amgen, Astra Zeneca, Curium, Advanced Accelerator Applications, TerSera	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	Astra Zeneca, Ipsen	
	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 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	North American Neuroendocrine Tumor Society-Board of Directors Member	Unpaid
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

RAR has been a consultant for Amgen, Ipsen Biopharmaceuticals, Novartis, Advanced Accelerator Applications, Curium Pharma, EMD Serono, Astra-Zeneca. He has also received research funding (to institution) from Merck & Co and Aadi Biosciences. He is also on the speaker bureaus for Ipsen Biopharmaceuticals and Astra-Zeneca. He is also an editorial board member for this journal and a member of the North American Neuroendocrine Tumor Society-Board of Directors.

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

Date	e: <u>July 27, 2022</u>		
You	Name: <u>Amanda Cass</u>	PharmD	
	- · · · · · · · · · · · · · · · · · · ·		the Work up and Management of Pulmonary
			view
Man	uscript number (if known):		
relat part to tr	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns 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 t uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	•	l 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
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		XNone	
	No time limit for this item.		
		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	X None	

_X__None

Consulting fees

		1	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
		V N	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	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	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize	the above c	onflict of inte	erest in the	following I	box:
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None.	

	ICMJE DISCL	OSURE FORM
Date:	5/24/2022	
Your Name:	Satya Das, MD	
Manuscript Title:	A Multidisciplinary Approa	ch to the Work up and Management of Pulmonary
Carcinoid Tum	ors and DIPNECH: A Narrative Re	view
Manuscript numb	er (if known):	
related to the con parties whose into to transparency a relationship/activ	ntent of your manuscript. "Related" mea erests may be affected by the content of nd does not necessarily indicate a bias. rity/interest, it is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
manuscript only.	estions apply to the author's relationship	s/activities/interests as they relate to the <u>current</u>
to the epidemiolo		lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
-	report all support for the work reported r disclosure is the past 36 months.	I in this manuscript without time limit. For all other items,
	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate	institution)
	none (add rows as needed)	
	Time frame: Since the initia	I planning of the work

		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	_XNone	
4	Consulting fees	Ipsen TerSera	

		Novartis	
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	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Dr. Das has received prior consulting	g fees from Ipsen, Tersera and Novartis.

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

Date: 5/24/2022
Your Name: See-Wei Low, MD
Manuscript Title: A Multidisciplinary Approach to the Work up and Management of Pulmonary Carcinoid Tumors and
DIPNECH: A Narrative Review
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.

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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	_XNone	
	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		
	in item #1 above).		
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	X None	
/	meetings and/or travel	_XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
٥	pending	_XNone	
	perioring		
9	Participation on a Data	X None	
	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	Descript of annions and	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	_
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ase summarize the above co	inflict of interest in the fo	llowing box:
ı	lone.		

Date:5-24-2022	
Your Name:Mitra Mehrad, MD	_
Manuscript Title: A Multidisciplinary Approach to the Work up and Management of Pulmon	ıary
Carcinoid Tumors and DIPNECH: A Narrative Review	_
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	
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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.	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	

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_			
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	XNone	
	meetings and/or travel		
	D	V N	
8	Patents planned, issued or	_XNone	
	pending		
9	Safety Monitoring Board or	XNone	
	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, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	illianciai iliterests		

None.		

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

ICMJE DISCLOSURE FORM				
Date:July 27, 2022 Your Name:Otis B. Rickman, DO				
Manuscript Title: A Multidisciplinary Approach to the Work up and Management of Pulmona Carcinoid Tumors and DIPNECH: A Narrative Review Manuscript number (if known):	arcinoid Tumors and DIPNECH: A Narrative Review			
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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	_	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time from a real	26 mantha
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		ı	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony	X_None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role	X None	
10	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		
Plea	ise summarize the above co	nflict of interest in the fo	ollowing box:

None.			

Date:July 27, 2022
Your Name:Philip M. Scherer, MD
Manuscript Title: A Multidisciplinary Approach to the Work up and Management of Pulmonary
Carcinoid Tumors and DIPNECH: A Narrative Review
Manuscript number (if known):

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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	

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	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	ntlict of interest in the fo	ollowing box:

None.			

Dato: July 27, 2022	
Date:July 27, 2022	
Manuscript Title: A Multidisciplinary Approach to the Work up and Manage	 ement of Pulmonary
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Manuscript number (if known):	
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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	

		-	
_			
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	X None	
,	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,	X None	
12	materials, drugs, medical	_XNONC	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	

None.		

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

	laspie, MD
	A Multidisciplinary Approach to the Work up and Management of Pulmonary
Carcinoid Tumors a	nd DIPNECH: A Narrative Review
Manuscript number (if k	nown):
In the interest of transn	arency, we ask you to disclose all relationshins/activities/interests listed below that are

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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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		Astra-Zeneca

5	Payment or honoraria for		Intuitive Surgical, ASCO
	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	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V None	
13	Other financial or non- financial interests	_XNone	
	illiancial interests		

Dr. Gillaspie has been a consultant for Astra-Zeneca and is on the speaker bureau for Intuitive Surgical and ASCO.				

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