

ICMJE DISCLOSURE FORM

Date: March 9, 2022

Your Name: Matias Muñoz Medel

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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	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:

I declare that I, Matias Muñoz Medel, have no potential conflict of interests regarding this work and its publication.

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 9, 2022

Your Name: Miguel Cordova Delgado

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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Please summarize the above conflict of interest in the following box:

I declare that I have no conflict of interests for this work.

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 9, 2022

Your Name: Ignacio N. Retamal

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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ICMJE DISCLOSURE FORM

Date: March 13, 2022

Your Name: Fabián Villalobos Ocaranza

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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ICMJE DISCLOSURE FORM

Date: 15.3.22

Your Name: Rosemarie Mellado Suazo

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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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	

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ICMJE DISCLOSURE FORM

Date: March 9, 2022

Your Name: Piga Fernández Kaempffer

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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4	Consulting fees	<input checked="" type="checkbox"/> 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	ROCHE	Travel and attending fee to participate in ISPOR LATAM 2019
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	Pfizer	Educational grant for patient advocacy groups.

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

Participating in a Round Table: "Role of patients in advocacy and their participation in ETESA in Latin America. "

Received a traveling and attending fee by Roche to participate in the Professional Society for Health Economics and Outcomes Research (ISPOR) Latin American Summit 2019, representing patient advocacy groups.

Received an educational grant for patient advocacy groups by Pfizer.

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

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ICMJE DISCLOSURE FORM

Date: March 9, 2022

Your Name: Patricio A Manque

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

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4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

N/A

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ICMJE DISCLOSURE FORM

Date: March 21, 2022

Your Name: Alejandro Berkovits

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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No conflicts of interest to declare.

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

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ICMJE DISCLOSURE FORM

Date: 09.03.22

Your Name: Juvenal A. Ríos Leal

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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4	Consulting fees	<input type="checkbox"/> None	

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	___X_None	
8	Patents planned, issued or pending	___X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___X_None	
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13	Other financial or non-financial interests	___X_None	

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ICMJE DISCLOSURE FORM

Date: 16-03-2022

Your Name: BENJAMIN GARCIA-BLOJ

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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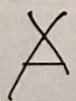
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ICMJE DISCLOSURE FORM

Date: __ March 11, 2022

Your Name: _Maria Paz Rodriguez Z.

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>None</div> <div></div> <div></div>	
3	Royalties or licenses	<div>None</div> <div></div> <div></div>	
4	Consulting fees	<div>None</div> <div></div> <div></div>	

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:

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 15, 2022

Your Name: Marcelo Garrido, MD

Manuscript Title: High proportion of Wild-type GIST in a cohort of Chilean patients screened by KIT and PDGFRA exome profiling

Manuscript number (if known): GIST-21-19-R1

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.

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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			
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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	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Novartis	Travel and attending support
		MSD	Travel and attending support
		Bayer	Travel and attending support
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Bayer	Scientific Advisory Board
		Novartis	Scientific Advisory Board
		MSD	Scientific Advisory Board
		BMS	Scientific Advisory Board
		Pfizer	Scientific Advisory Board
		Macrogenic	Scientific Advisory Board
		Merck	Scientific Advisory Board
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	Novartis	Speaker activities
		Pfizer	Speaker activities
		Bayer	Speaker activities
		BMS	Speaker activities
		MSD	Speaker activities
		GBT Biotoscana	Speaker activities
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Please summarize the above conflict of interest in the following box:

Have been Member of Scientific Advisory Boards during the past 36 months at Bayer, Novartis, MSD, BMS, Pfizer, Macrogenic, and Merck.

Have participated as invited speaker in activities by Novartis, Pfizer, Bayer, BMS, MSD, GBT Biotoscana, and Lilly.

Have received traveling accommodation and attending support for international meetings by Novartis, MSD, and Bayer.

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☒ X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.