Date: 17 January 2023
Your Name: Warren Bacorro
Patient Decision Aid for Chemotherapy or Exclusion in Cisplatin-Intolerant Patients with Locally Advanced Cervical Cancer (CECIL): Wanuscript Title: Protocol for Development, Validation and Clinical Testing
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	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 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,	V	None			
	manuscript writing or educational events					
6	Payment for expert testimony	Y _	None			
7	Support for attending meetings and/or travel	<u>V</u> _	None			
8	Patents planned, issued or	\checkmark	None			
	pending					
9	Participation on a Data	\checkmark	None			
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role		None	Philippine Society of Oncologists, Inc.		
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid	,				
11	Stock or stock options	V _	None			
12	Receipt of equipment, materials, drugs, medical	Y _	None			
	writing, gifts or other					
	services					
13	Other financial or non-	,/	None			
13	financial interests	Υ				
Ple	Please summarize the above conflict of interest in the following box:					
				-		
_						

Treasurer, Philippine Soci	iety of Oncologists, Inc.	

Date: 17 January 2023	
Your Name: Kathleen Baldivia	
Patient Decision Aid for Chemotherapy or Exclusion in Cisplatin-Intolerant Patients with Locally Advanced Cervical Cancer (CECIL): Manuscript Title: Protocol for Development, Validation and Clinical Testing	
Manuscript number (if known):	

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	Y _	None	
	speakers bureaus,			
	manuscript writing or			
6	educational events Payment for expert	1	None	
O	testimony	Υ		
	•			
7	Support for attending meetings and/or travel	<u>V</u> _	None	
8	Patents planned, issued or	\checkmark	None	
	pending			
9	Darticipation on a Data	-	Nana	
9	Participation on a Data Safety Monitoring Board or	Υ_	None	
	Advisory Board			
10	Leadership or fiduciary role	V	None	
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	1	None	
	Stock of Stock options	Υ		
12	Receipt of equipment,	\checkmark	None	
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	\/	None	
	financial interests	Υ		
Ple	ase summarize the above	confl	ict of interest in the fo	llowing box:
- 1				

Date: 17 January 2023
Your Name: Jocelyn Mariano
Patient Decision Aid for Chemotherapy or Exclusion in Cisplatin-Intolerant Patients with Locally Advanced Cervical Cancer (CECIL): Wanuscript Title: Protocol for Development, Validation and Clinical Testing
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		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,	Y _	None	
	speakers bureaus,			
	manuscript writing or			
-	educational events		N.	
6	Payment for expert testimony	Y _	None	
	testimony			
7	Support for attending meetings and/or travel	V _	None	
8	Patents planned, issued or	V	None	
	pending	<u> </u>		
		_		
9	Participation on a Data Safety Monitoring Board or	Y -	None	
	Advisory Board			
10	Leadership or fiduciary role	$\sqrt{}$	None	
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	1	None	
		Υ		
12	Receipt of equipment,	V _	None	
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	\/	None	
13	financial interests	Υ—		
Ple	ease summarize the above	confl	ict of interest in the fo	llowing box:
- 1				

Date: 17 January 2023
Your Name: Evelyn Dancel
Patient Decision Aid for Chemotherapy or Exclusion in Cisplatin-Intolerant Patients with Locally Advanced Cervical Cancer (CECIL): Manuscript Title: Protocol for Development, Validation and Clinical Testing
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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	V _	None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	.//	None	
O		Y	None	
	testimony			
		٠,		
7	Support for attending	V _	None	
	meetings and/or travel			
0	Datants planned issued or	1	None	
8	Patents planned, issued or	Y —	None	
	pending			
		_		
9	Participation on a Data	V _	None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	<u>//_</u>	None	
	in other board, society,	•		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	1/	None	
	от о	Υ		
12	Receipt of equipment,	. /	None	
12	materials, drugs, medical	Υ	None	
	writing, gifts or other			
	services	-		
13	Other financial or non-	V _	None	
	financial interests			
Ple	ease summarize the above	confl	ict of interest in the	following box:
_				

Date: 17 January 2023
Your Name: Linda Antonio
Patient Decision Aid for Chemotherapy or Exclusion in Cisplatin-Intolerant Patients with Locally Advanced Cervical Cancer (CECIL): Manuscript Title: Protocol for Development, Validation and Clinical Testing
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).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Date: 17 January 2023	
Your Name: Gil Gonzalez	
Patient Decision Aid for Chemotherapy or Exclusion in Cisplatin-Intolerant Patients with Locally Advanced Cervical Cancer (CECIL): Manuscript Title: Protocol for Development, Validation and Clinical Testing	_
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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	V	_None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events		N.	
6	Payment for expert	Y	None	
	testimony			
-	6 16 11 11		NI.	
7	Support for attending meetings and/or travel	Y	_None	
8	Patents planned, issued or	_	_None	
	pending	•		
9	Participation on a Data	V	_None	
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	<u> </u>	_None	
	in other board, society,	1		
	committee or advocacy			
	group, paid or unpaid	٠,		
	Stock or stock options	. /	None	
11	Stock of Stock options	Y	_NOTIE	
11	Stock of Stock options	<u> </u>	None	
		<u>V</u>	_	
11	Receipt of equipment,	V	None	
	Receipt of equipment, materials, drugs, medical	<u> </u>	_	
	Receipt of equipment, materials, drugs, medical writing, gifts or other	<u> </u>	_	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u>	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	\\	_	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Y	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	V	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	V	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	conflic	None	llowing hov:
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	conflic	None	llowing box:
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	conflic	None	llowing box:
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	conflic	None	llowing box:
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	conflic	None	llowing box:

Date: 17 January 2023
Your Name: Teresa Sy Ortin
Patient Decision Aid for Chemotherapy or Exclusion in Cisplatin-Intolerant Patients with Locally Advanced Cervical Cancer (CECIL): Wanuscript Title: Protocol for Development, Validation and Clinical Testing
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3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or 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 President, University of Santo Tomas Hospital - Benavides Cancer Institu
11	Stock or stock options	None None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None
		nflict of interest in the following box:

Date: 17 January 2023	
Your Name: Rodel Canlas	
Patient Decision Aid for Chemotherapy or Exclusion in Cisplatin-Intolerant Patients with Locally Advanced Cervical Cancer (CECIL): Manuscript Title: Protocol for Development, Validation and Clinical Testing	
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6	Payment for expert testimony	<u></u>	None	
7	Support for attending meetings and/or travel	<u> </u>	None	
8	Patents planned, issued or pending	V	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u></u>	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u>	_None	
11	Stock or stock options	<u>/_</u>	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u>	_None	
13	Other financial or non- financial interests	<u>/</u>	None	
Ple	ease summarize the above	confl	ict of interest in the fo	llowing box: