| Date:2022/03/22  |     |
|--|-----|
| Your Name: Yi-En, Lin  |     |
| Manuscript Title: Prognostic Significance of the Preoperative Hematological Parameters in Non-Metastatic Rec | tal |
| Cancer Patients Undergoing Neoadjuvant Chemoradiotherapy and Radical Surgery                                 |     |

Manuscript number (if known): TRO-21-35

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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                              | _VNone   |   |
|   | 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                                 | _VNone   |   |
|   | any entity (if not indicated                             |  |   |
|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | _VNone   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | _VNone   |   |
|   |  |  |   |

|     |                              | 1                             |              |
|-----|------------------------------|-------------------------------|--------------|
|     |                              |                               |              |
| 5   | Payment or honoraria for     | _VNone                        |              |
|     | lectures, presentations,     |                               |              |
|     | speakers bureaus,            |                               |              |
|     | manuscript writing or        |                               |              |
|     | educational events           |                               |              |
| 6   | Payment for expert           | V None                        |              |
|     | testimony                    |                               |              |
|     |                              |                               |              |
| 7   | Support for attending        | _VNone                        |              |
|     | meetings and/or travel       |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 8   | Patents planned, issued or   | _VNone                        |              |
|     | pending                      |                               |              |
|     |                              |                               |              |
| 9   | Participation on a Data      | _VNone                        |              |
|     | Safety Monitoring Board or   |                               |              |
|     | Advisory Board               |                               |              |
| 10  | Leadership or fiduciary role | _VNone                        |              |
|     | in other board, society,     |                               |              |
|     | committee or advocacy        |                               |              |
|     | group, paid or unpaid        |                               |              |
| 11  | Stock or stock options       | _VNone                        |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 12  | Receipt of equipment,        | _VNone                        |              |
|     | materials, drugs, medical    |                               |              |
|     | writing, gifts or other      |                               |              |
|     | services                     |                               |              |
| 13  | Other financial or non-      | _VNone                        |              |
|     | financial interests          |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| Ple | ease summarize the above co  | onflict of interest in the fo | llowing box: |

| No conflict of interest to declare. |
|-------------------------------------|
|                                     |
|                                     |
|                                     |

| Date:2022/03/22   |
|---|
| Your Name: Shuan-Yuan Huang   |
| Manuscript Title: Prognostic Significance of the Preoperative Hematological Parameters in Non-Metastatic Rectal |
| Cancer Patients Undergoing Neoadjuvant Chemoradiotherapy and Radical Surgery                                    |
| Manuscript number (if known): TRO-21-35   |

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | _V_None  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | _VNone   |   |
| 3 | Royalties or licenses   | _V_None  |   |
| 4 | Consulting fees   | _VNone   |   |

|     |                              | 1                             |              |
|-----|------------------------------|-------------------------------|--------------|
|     |                              |                               |              |
| 5   | Payment or honoraria for     | _VNone                        |              |
|     | lectures, presentations,     |                               |              |
|     | speakers bureaus,            |                               |              |
|     | manuscript writing or        |                               |              |
|     | educational events           |                               |              |
| 6   | Payment for expert           | V None                        |              |
|     | testimony                    |                               |              |
|     |                              |                               |              |
| 7   | Support for attending        | _VNone                        |              |
|     | meetings and/or travel       |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 8   | Patents planned, issued or   | _VNone                        |              |
|     | pending                      |                               |              |
|     |                              |                               |              |
| 9   | Participation on a Data      | _VNone                        |              |
|     | Safety Monitoring Board or   |                               |              |
|     | Advisory Board               |                               |              |
| 10  | Leadership or fiduciary role | _VNone                        |              |
|     | in other board, society,     |                               |              |
|     | committee or advocacy        |                               |              |
|     | group, paid or unpaid        |                               |              |
| 11  | Stock or stock options       | _VNone                        |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 12  | Receipt of equipment,        | _VNone                        |              |
|     | materials, drugs, medical    |                               |              |
|     | writing, gifts or other      |                               |              |
|     | services                     |                               |              |
| 13  | Other financial or non-      | _VNone                        |              |
|     | financial interests          |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| Ple | ease summarize the above co  | onflict of interest in the fo | llowing box: |

| No conflict of interest to declare. |
|-------------------------------------|
|                                     |
|                                     |
|                                     |

| Date   |
|--|
| Your Name: Tung-Hao Chang  |
| Manuscript Title: Prognostic Significance of the Preoperative Hematological Parameters in Non-Metastatic Recta |
| Cancer Patients Undergoing Neoadjuvant Chemoradiotherapy and Radical Surgery                                   |
| Manuscript number (if known): TRO-21-35  |

Date: 2022/02/22

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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                              | _VNone   |   |
|   | 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                                 | _VNone   |   |
|   | any entity (if not indicated                             |  |   |
|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | _VNone   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | _VNone   |   |
|   |  |  |   |

|     |                              | 1                             |              |
|-----|------------------------------|-------------------------------|--------------|
|     |                              |                               |              |
| 5   | Payment or honoraria for     | _VNone                        |              |
|     | lectures, presentations,     |                               |              |
|     | speakers bureaus,            |                               |              |
|     | manuscript writing or        |                               |              |
|     | educational events           |                               |              |
| 6   | Payment for expert           | V None                        |              |
|     | testimony                    |                               |              |
|     |                              |                               |              |
| 7   | Support for attending        | _VNone                        |              |
|     | meetings and/or travel       |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 8   | Patents planned, issued or   | _VNone                        |              |
|     | pending                      |                               |              |
|     |                              |                               |              |
| 9   | Participation on a Data      | _VNone                        |              |
|     | Safety Monitoring Board or   |                               |              |
|     | Advisory Board               |                               |              |
| 10  | Leadership or fiduciary role | _VNone                        |              |
|     | in other board, society,     |                               |              |
|     | committee or advocacy        |                               |              |
|     | group, paid or unpaid        |                               |              |
| 11  | Stock or stock options       | _VNone                        |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 12  | Receipt of equipment,        | _VNone                        |              |
|     | materials, drugs, medical    |                               |              |
|     | writing, gifts or other      |                               |              |
|     | services                     |                               |              |
| 13  | Other financial or non-      | _VNone                        |              |
|     | financial interests          |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| Ple | ease summarize the above co  | onflict of interest in the fo | llowing box: |

| No conflict of interest to declare. |
|-------------------------------------|
|                                     |
|                                     |
|                                     |

| Date:   |
|---|
| Your Name: Tsai-Wei Chou  |
| Manuscript Title: Prognostic Significance of the Preoperative Hematological Parameters in Non-Metastatic Rect |
| Cancer Patients Undergoing Neoadjuvant Chemoradiotherapy and Radical Surgery                                  |
| Manuscript number (if known): TRO-21-35   |

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 manuscript (e.g., funding, provision of study materials, | _VNone   |   |
|   | medical writing, article processing charges, etc.)  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).             | _VNone   |   |
| 3 | Royalties or licenses  | _VNone   |   |
| 4 | Consulting fees  | _VNone   |   |

|     |                              | 1                             |              |
|-----|------------------------------|-------------------------------|--------------|
|     |                              |                               |              |
| 5   | Payment or honoraria for     | _VNone                        |              |
|     | lectures, presentations,     |                               |              |
|     | speakers bureaus,            |                               |              |
|     | manuscript writing or        |                               |              |
|     | educational events           |                               |              |
| 6   | Payment for expert           | V None                        |              |
|     | testimony                    |                               |              |
|     |                              |                               |              |
| 7   | Support for attending        | _VNone                        |              |
|     | meetings and/or travel       |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 8   | Patents planned, issued or   | _VNone                        |              |
|     | pending                      |                               |              |
|     |                              |                               |              |
| 9   | Participation on a Data      | _VNone                        |              |
|     | Safety Monitoring Board or   |                               |              |
|     | Advisory Board               |                               |              |
| 10  | Leadership or fiduciary role | _VNone                        |              |
|     | in other board, society,     |                               |              |
|     | committee or advocacy        |                               |              |
|     | group, paid or unpaid        |                               |              |
| 11  | Stock or stock options       | _VNone                        |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 12  | Receipt of equipment,        | _VNone                        |              |
|     | materials, drugs, medical    |                               |              |
|     | writing, gifts or other      |                               |              |
|     | services                     |                               |              |
| 13  | Other financial or non-      | _VNone                        |              |
|     | financial interests          |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| Ple | ease summarize the above co  | onflict of interest in the fo | llowing box: |

| No conflict of interest to declare. |
|-------------------------------------|
|                                     |
|                                     |
|                                     |

| Date:202          | 2/03/22  |
|-------------------|--|
| Your Name         | Li-Chung Hung  |
| Manuscrip         | Title: Prognostic Significance of the Preoperative Hematological Parameters in Non-Metastatic Rectal |
| <b>Cancer Pat</b> | ents Undergoing Neoadjuvant Chemoradiotherapy and Radical Surgery                                    |
| Manuscrip         | number (if known): TRO-21-35   |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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                              | _VNone   |   |
|   | 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                                 | _VNone   |   |
|   | any entity (if not indicated                             |  |   |
|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | _VNone   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | _VNone   |   |
|   |  |  |   |

|     |                              | 1                             |              |
|-----|------------------------------|-------------------------------|--------------|
|     |                              |                               |              |
| 5   | Payment or honoraria for     | _VNone                        |              |
|     | lectures, presentations,     |                               |              |
|     | speakers bureaus,            |                               |              |
|     | manuscript writing or        |                               |              |
|     | educational events           |                               |              |
| 6   | Payment for expert           | V None                        |              |
|     | testimony                    |                               |              |
|     |                              |                               |              |
| 7   | Support for attending        | _VNone                        |              |
|     | meetings and/or travel       |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 8   | Patents planned, issued or   | _VNone                        |              |
|     | pending                      |                               |              |
|     |                              |                               |              |
| 9   | Participation on a Data      | _VNone                        |              |
|     | Safety Monitoring Board or   |                               |              |
|     | Advisory Board               |                               |              |
| 10  | Leadership or fiduciary role | _VNone                        |              |
|     | in other board, society,     |                               |              |
|     | committee or advocacy        |                               |              |
|     | group, paid or unpaid        |                               |              |
| 11  | Stock or stock options       | _VNone                        |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 12  | Receipt of equipment,        | _VNone                        |              |
|     | materials, drugs, medical    |                               |              |
|     | writing, gifts or other      |                               |              |
|     | services                     |                               |              |
| 13  | Other financial or non-      | _VNone                        |              |
|     | financial interests          |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| Ple | ease summarize the above co  | onflict of interest in the fo | llowing box: |

| No conflict of interest to declare. |
|-------------------------------------|
|                                     |
|                                     |
|                                     |

| Date:  |
|--|
| Your Name: Chia-Chun Huang   |
| Manuscript Title: Prognostic Significance of the Preoperative Hematological Parameters in Non-Metastatic Recta |
| Cancer Patients Undergoing Neoadjuvant Chemoradiotherapy and Radical Surgery                                   |
| Manuscript number (if known): TPO 21-25  |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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                              | _VNone   |   |
|   | 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                                 | _VNone   |   |
|   | any entity (if not indicated                             |  |   |
|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | _VNone   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | _VNone   |   |
|   |  |  |   |

|     |                              | 1                             |              |
|-----|------------------------------|-------------------------------|--------------|
|     |                              |                               |              |
| 5   | Payment or honoraria for     | _VNone                        |              |
|     | lectures, presentations,     |                               |              |
|     | speakers bureaus,            |                               |              |
|     | manuscript writing or        |                               |              |
|     | educational events           |                               |              |
| 6   | Payment for expert           | V None                        |              |
|     | testimony                    |                               |              |
|     |                              |                               |              |
| 7   | Support for attending        | _VNone                        |              |
|     | meetings and/or travel       |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 8   | Patents planned, issued or   | _VNone                        |              |
|     | pending                      |                               |              |
|     |                              |                               |              |
| 9   | Participation on a Data      | _VNone                        |              |
|     | Safety Monitoring Board or   |                               |              |
|     | Advisory Board               |                               |              |
| 10  | Leadership or fiduciary role | _VNone                        |              |
|     | in other board, society,     |                               |              |
|     | committee or advocacy        |                               |              |
|     | group, paid or unpaid        |                               |              |
| 11  | Stock or stock options       | _VNone                        |              |
|     |                              |                               |              |
|     |                              |                               |              |
| 12  | Receipt of equipment,        | _VNone                        |              |
|     | materials, drugs, medical    |                               |              |
|     | writing, gifts or other      |                               |              |
|     | services                     |                               |              |
| 13  | Other financial or non-      | _VNone                        |              |
|     | financial interests          |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
|     |                              |                               |              |
| Ple | ease summarize the above co  | onflict of interest in the fo | llowing box: |

| No conflict of interest to declare. |
|-------------------------------------|
|                                     |
|                                     |
|                                     |

| Date: 2022/0           | 3/22   |
|------------------------|--|
| Your Name: Jh          | en-Bin Lin   |
| <b>Manuscript Titl</b> | e: Prognostic Significance of the Preoperative Hematological Parameters in Non-Metastatic Rectal |
| <b>Cancer Patients</b> | Undergoing Neoadjuvant Chemoradiotherapy and Radical Surgery                                     |
| Manuscript nur         | nber (if known): TRO-21-35   |

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) | 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, | _VNone   |   |
|   | medical writing, article processing charges, etc.)  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).             | _VNone   |   |
| 3 | Royalties or licenses  | _VNone   |   |
| 4 | Consulting fees  | _VNone   |   |

|     |   | 1      |  |  |  |
|-----|---|--------|--|--|--|
|     |   |        |  |  |  |
| 5   | Payment or honoraria for  | _VNone |  |  |  |
|     | lectures, presentations,  |        |  |  |  |
|     | speakers bureaus,   |        |  |  |  |
|     | manuscript writing or   |        |  |  |  |
|     | educational events  |        |  |  |  |
| 6   | Payment for expert  | V None |  |  |  |
|     | testimony   |        |  |  |  |
|     |   |        |  |  |  |
| 7   | Support for attending   | _VNone |  |  |  |
|     | meetings and/or travel  |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| 8   | Patents planned, issued or  | _VNone |  |  |  |
|     | pending   |        |  |  |  |
|     |   |        |  |  |  |
| 9   | Participation on a Data   | _VNone |  |  |  |
|     | Safety Monitoring Board or  |        |  |  |  |
|     | Advisory Board  |        |  |  |  |
| 10  | Leadership or fiduciary role  | _VNone |  |  |  |
|     | in other board, society,  |        |  |  |  |
|     | committee or advocacy   |        |  |  |  |
|     | group, paid or unpaid   |        |  |  |  |
| 11  | Stock or stock options  | _VNone |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| 12  | Receipt of equipment,   | _VNone |  |  |  |
|     | materials, drugs, medical   |        |  |  |  |
|     | writing, gifts or other   |        |  |  |  |
|     | services  |        |  |  |  |
| 13  | Other financial or non-   | _VNone |  |  |  |
|     | financial interests   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |        |  |  |  |

| No | conflict of interest to de | clare. |  |  |
|----|----------------------------|--------|--|--|
|    |                            |        |  |  |
|    |                            |        |  |  |
|    |                            |        |  |  |

| Date:2   | 2022/03/22   |
|----------|--|
| Your Nar | ne: Jin-Ching Lin  |
| Manuscr  | ipt Title: Prognostic Significance of the Preoperative Hematological Parameters in Non-Metastatic Rectal |
| Cancer P | atients Undergoing Neoadjuvant Chemoradiotherapy and Radical Surgery                                     |
| Manuscr  | int number (if known): TRO-21-35   |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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                              | _VNone   |   |
|   | 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                                 | _VNone   |   |
|   | any entity (if not indicated                             |  |   |
|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | _VNone   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | _VNone   |   |
|   |  |  |   |

|     |   | 1      |  |  |  |
|-----|---|--------|--|--|--|
|     |   |        |  |  |  |
| 5   | Payment or honoraria for  | _VNone |  |  |  |
|     | lectures, presentations,  |        |  |  |  |
|     | speakers bureaus,   |        |  |  |  |
|     | manuscript writing or   |        |  |  |  |
|     | educational events  |        |  |  |  |
| 6   | Payment for expert  | V None |  |  |  |
|     | testimony   |        |  |  |  |
|     |   |        |  |  |  |
| 7   | Support for attending   | _VNone |  |  |  |
|     | meetings and/or travel  |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| 8   | Patents planned, issued or  | _VNone |  |  |  |
|     | pending   |        |  |  |  |
|     |   |        |  |  |  |
| 9   | Participation on a Data   | _VNone |  |  |  |
|     | Safety Monitoring Board or  |        |  |  |  |
|     | Advisory Board  |        |  |  |  |
| 10  | Leadership or fiduciary role  | _VNone |  |  |  |
|     | in other board, society,  |        |  |  |  |
|     | committee or advocacy   |        |  |  |  |
|     | group, paid or unpaid   |        |  |  |  |
| 11  | Stock or stock options  | _VNone |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| 12  | Receipt of equipment,   | _VNone |  |  |  |
|     | materials, drugs, medical   |        |  |  |  |
|     | writing, gifts or other   |        |  |  |  |
|     | services  |        |  |  |  |
| 13  | Other financial or non-   | _VNone |  |  |  |
|     | financial interests   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |        |  |  |  |

| No | conflict of interest to de | clare. |  |  |
|----|----------------------------|--------|--|--|
|    |                            |        |  |  |
|    |                            |        |  |  |
|    |                            |        |  |  |