ICMJE DISCLOSURE FORM

Date: **Dec. 14, 2021**
Your Name: **Cailu Shen**

Manuscript Title: *mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial*
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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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. | _X_ None |
| **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 |
|   | **4** Consulting fees | _X_ None |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
|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 |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                                       | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13 | Other financial or non-financial interests                                   | X None |

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

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.
ICMJE DISCLOSURE FORM

Date: **Dec. 14, 2021**

Your Name: Huabin Hu

Manuscript Title: **mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial**

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). | **__X__** None |
| 3 | Royalties or licenses | **__X__** None |
| 4 | Consulting fees | **__X__** None |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
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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.
Date: **Dec. 14, 2021**

Your Name: Yue Cai

Manuscript Title: **mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial**

Manuscript number (if known): 

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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.** | **X** None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None | **X** None |
| 3    | Royalties or licenses | **X** None | **X** None |
| 4    | Consulting fees | **X** None | **X** 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 |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                            | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                        | _X_ None |

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ICMJE DISCLOSURE FORM

Date: **Dec. 14, 2021**  
Your Name: Jiayu Ling

Manuscript Title: **mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial**

Manuscript number (if known): 

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| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X**. None                                                                      |
|   | **No time limit for this item.**                                                                |                                                                                  |

**Time frame: Since the initial 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **2** | Grants or contracts from any entity (if not indicated in item #1 above).                     | **X**. None                                                                      |
| **3** | Royalties or licenses                                                                           | **X**. None                                                                      |
| **4** | Consulting fees                                                                                 | **X**. None                                                                      |

**Time frame: past 36 months**
|   |     |   |
|---|-----|---|
| 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 |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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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.
ICMJE DISCLOSURE FORM

Date: **Dec. 14, 2021**

Your Name: **Jianwei Zhang**

Manuscript Title: **mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial**

Manuscript number (if known): ____________________________________________________________________________

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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, medical writing, article processing charges, etc.) | **X** None |
|   | **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 |
| 4 | Consulting fees | **X** None |
|   |                                                                 | __X__ None |
|---|-----------------------------------------------------------------|------------|
| 5 | Payment or honoraria for lectures, presentations,              | __X__ None |
|   | 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    | __X__ None |
|   | Board or Advisory Board                                        | __X__ None |
|10 | Leadership or fiduciary role in other board, society,          | __X__ None |
|   | committee or advocacy group, paid or unpaid                     | __X__ None |
|11 | Stock or stock options                                         | __X__ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts | __X__ None |
|   | or other services                                              | __X__ None |
|13 | Other financial or non-financial interests                      | __X__ None |

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

None.

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ICMJE DISCLOSURE FORM

Date: Dec. 14, 2021
Your Name: Zehua Wu

Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
Manuscript number (if known): ______________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                              | _X__None                                                                          |
| 3 | Royalties or licenses                                                                                                                  | _X__None                                                                          |
| 4 | Consulting fees                                                                                                                        | _X__None                                                                          |
|   | Time frame: past 36 months                                                                                                              |                                                                                   |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
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Date: **Dec. 14, 2021**

Your Name: Xiaoyu Xie

Manuscript Title: **mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial**

Manuscript number (if known): __________________________

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| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | **__X__** None |
| **3** | Royalties or licenses | **__X__** None |
| **4** | Consulting fees | **__X__** None |

Time frame: past 36 months
|   |                                                                 |   |
|---|----------------------------------------------------------------|---|
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Date: Dec. 14, 2021
Your Name: Meijing Huang
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
Manuscript number (if known): ________________________________

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Time frame: Since the initial planning of the work

Time frame: past 36 months
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ICMJE DISCLOSURE FORM

Date: Dec. 14, 2021
Your Name: Hui Wang

Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial

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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                                                                            |
| 4 | Consulting fees                                                                 | _X__ None                                                                            |
|   | Statement                                                                 | Answer |
|---|---------------------------------------------------------------------------|--------|
| 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   |
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|13 | Other financial or non-financial interests                                 | None   |

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ICMJE DISCLOSURE FORM

Date: Dec. 14, 2021
Your Name: Liang Kang
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
Manuscript number (if known): ____________________________

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ICMJE DISCLOSURE FORM

Date: Dec. 14, 2021
Your Name: Ping Lan
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
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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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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None |
|   | No time limit for this item. |                                                                                     |

Time frame: Since the initial 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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |

Time frame: past 36 months
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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:

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.
ICMJE DISCLOSURE FORM

Date: Dec. 14, 2021
Your Name: Xiaojian Wu
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
Manuscript number (if known): ________________________________

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| 3 | Royalties or licenses | _X_ None |
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| 7 | Support for attending meetings and/or travel                                 | X None    |
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|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None    |
|11 | Stock or stock options                                                       | X None    |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None    |
|13 | Other financial or non-financial interests                                   | X None    |

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ICMJE DISCLOSURE FORM

Date: **Dec. 14, 2021**

Your Name: **Guangjian Liu**

Manuscript Title: **mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial**

Manuscript number (if known): 

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Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | X | None |
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| 13| Other financial or non-financial interests                                   | X | None |

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ICMJE DISCLOSURE FORM

Date: Dec. 14, 2021

Your Name: Yunle Wan

Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial

Manuscript number (if known): 

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

Time frame: past 36 months
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
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| 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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| 11| Stock or stock options                                                       | X: None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X: None |
| 13| Other financial or non-financial interests                                   | X: None |

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ICMJE DISCLOSURE FORM

Date: Dec. 14, 2021
Your Name: Zhiyang Zhou

Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
Manuscript number (if known): __________________________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None                                                                       |
|   | **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                                                                       |
| 4 | Consulting fees                                                                                | __X__ None                                                                       |
|   | Description                                                                 | X | 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 |
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| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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None.

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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.
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Date: Dec. 14, 2021
Your Name: Yan Huang
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
Manuscript number (if known): ____________________________________________________

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| 3 | Royalties or licenses | _X_ None |
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|   | Question                                                                 | Answer |
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| 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 |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
|11 | Stock or stock options                                                  | __X__ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
|13 | Other financial or non-financial interests                               | __X__ None |

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None.

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ICMJE DISCLOSURE FORM

Date: Dec. 14, 2021
Your Name: Fangqian Li
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
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).                        | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                             | _X_ None                                                                         |
| 4 | Consulting fees                                                                                  | _X_ 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 |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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None.

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ICMJE DISCLOSURE FORM

Date: **Dec. 14, 2021**
Your Name: **Huaiming Wang**
Manuscript Title: **mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial**
Manuscript number (if known): ________________________________________________________________________

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|   | **No time limit for this item.**                                                                 |                                                                                  |
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| 3 | Royalties or licenses                                                                         | **_X_**None |
| 4 | Consulting fees                                                                               | **_X_**None |
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| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                   | _X_ None |

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None.

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Date: Dec. 14, 2021
Your Name: Tenghui Ma
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
Manuscript number (if known): ______________________________________________________________________________________

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| 3 | Royalties or licenses                                                                         | __X__ None |
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|   |   |   |
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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.
ICMJE DISCLOSURE FORM

Date: **Dec. 14, 2021**

Your Name: **Shuangling Luo**

Manuscript Title: **mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial**

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| 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                                                                          |
| 4 | Consulting fees                                                                            | __X__ None                                                                          |
|   | Description                                                                 | X | None |
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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.
Date: **Dec. 14, 2021**  
Your Name: Yonghua Cai  
Manuscript Title: *mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial*  
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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| Item | Description | Expected Relationship | Time frame |
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| 1.1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None | Since the initial planning of the work |
| 2.1  | Grants or contracts from any entity (if not indicated in item #1 above) | _X_ None | Past 36 months |
| 3.1  | Royalties or licenses | _X_ None | Past 36 months |
| 4.1  | Consulting fees | _X_ None | Past 36 months |
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| 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 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                                     | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services           | _X_ None |
| 13| Other financial or non-financial interests                                                  | _X_ None |

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

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: Dec. 14, 2021  
Your Name: Lishuo Shi  
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial  
Manuscript number (if known): ____________________________

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| **4** | Consulting fees | _X_ None | |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
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| 11| Stock or stock options                                         | __X__ None |
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| 13| Other financial or non-financial interests                       | __X__ None |

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ICMJE DISCLOSURE FORM

Date: **Dec. 14, 2021**
Your Name: Yanhong Deng
Manuscript Title: mFOLFOXIRI with or without bevacizumab for conversion therapy of RAS/BRAF/PIK3CA mutant unresectable colorectal liver metastases: the FORBES non-randomized phase II trial
Manuscript number (if known): ___________________________________________________________

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|   | **No time limit for this item.**                                                                 |                                                                                  |
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| **3** | Royalties or licenses | _X_ None |
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