ICMJE DISCLOSURE FORM

Date: __ July 8, 2022 ______________________
Your Name: __ Yinmo Yang ______________________
Manuscript Title: ___ The Management Strategy of Pancreatic Cancer in the Era of Systemic Therapy—“Surgery First” or “Surgery Last”? ______________________________
Manuscript number (if known): __ HBSN-22-146 ______________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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| **Time frame: Since the initial planning of the work** |  |  |
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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 |
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 6 | Payment for expert testimony                                               |      |
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| 8 | Patents planned, issued or pending                                          |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           |      |
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**Please summarize the above conflict of interest in the following box:**

No conflict of interest to declare.

**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.
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Date: __ July 8, 2022 __________________
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Manuscript number (if known): __ HBSN-22-146 __________________

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