

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mengni

2. Surname (Last Name)

He

3. Date

20-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Preclinical Mouse Models for Immunotherapeutic and Non-Immunotherapeutic Drug Development for Pancreatic Ductal Adenocarcinoma

6. Manuscript Identifying Number (if you know it)

APC-2019-PDA-03

Section 2. The Work Under Consideration for Publication

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Dr. He has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mackenzie

2. Surname (Last Name)
Henderson

3. Date
11-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Preclinical Mouse Models for Immunotherapeutic and Non-Immunotherapeutic Drug Development for Pancreatic Ductal Adenocarcinoma

6. Manuscript Identifying Number (if you know it)
APC-2019-PDA-03

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Dr. Henderson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Stephen

2. Surname (Last Name)

Muth

3. Date

10-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Preclinical Mouse Models for Immunotherapeutic and Non-Immunotherapeutic Drug Development for Pancreatic Ductal Adenocarcinoma

6. Manuscript Identifying Number (if you know it)

APC-2019-PDA-03

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Adrian

2. Surname (Last Name)

Murphy

3. Date

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Preclinical mouse models for Immunotherapeutic and Non-Immunotherapeutic Drug Development for Pancreatic Ductal Adenocarcinoma

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Lei

2. Surname (Last Name)
Zheng

3. Date
18-March-2020

4. Are you the corresponding author? Yes No

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6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iTeos	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NovaRock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inxmed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Halozyme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aduro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roylaty
Biosion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alphamab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NovaRock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Akrevia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Biologics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Datavive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mingruizhiyao	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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