

# ICMJE DISCLOSURE FORM

**Date:** 10/4/2022

**Your Name:** Tara Hogenson

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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 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								
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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:** 10/4/2022

**Your Name:** Hao Xie

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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		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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

*Huo*

## ICMJE DISCLOSURE FORM

**Date:** 10/6/2022

**Your Name:** William Phillips

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 9/2/2022

**Your Name:** Merih Toruner

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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*Melih Deniz Toruner*

MELIH DENIZ TORUNER

October 4, 2022

## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Jenny Li

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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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:** 10/5/2022

**Your Name:** Isaac Horn

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 10/4/2022

**Your Name:** Devin Kennedy

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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**Date:** 10/4/2022

**Your Name:** Luciana Almada

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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:** 10/6/2022

**Your Name:** David Marks

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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 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.

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Ryan Carr

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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# ICMJE DISCLOSURE FORM

**Date:** 10/4/2022

**Your Name:** Murat Toruner

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 10/4/2022

**Your Name:** Ashley Sigafos

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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:** 10/4/2022

**Your Name:** Amanda Koenig-Kappes

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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## ICMJE DISCLOSURE FORM

**Date:** 10/4/2022

**Your Name:** Rachel Olson

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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## ICMJE DISCLOSURE FORM

**Date:** 10/4/2022

**Your Name:** Ezequiel Tolosa

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Cheng Zhang

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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:** 10/5/2022

**Your Name:** Hu Li

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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 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.

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Jason Doles

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 9/2/2022

**Your Name:** Jonathan Bleeker

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:



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:** 10/5/2022

**Your Name:** Michael Barrett

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** James Boyum

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Benjamin Kipp

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Amit Mahipal

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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:** 10/5/2022

**Your Name:** Joleen Hubbard

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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## ICMJE DISCLOSURE FORM

**Date:** 10/4/2022

**Your Name:** TJ Scheffler Hanson

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Gloria Petersen

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Surendra Dasari

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Ann Oberg

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Mark Truty

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Rondell Graham

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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**Date:** 10/5/2022

**Your Name:** Michael Levy

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

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**Please place an "X" next to the following statement to indicate your agreement:**

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:** 10/5/2022

**Your Name:** Mojun Zhu

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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 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.

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Daniel Billadeau

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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

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	Name all entities with 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								
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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		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)
4	Consulting fees	<input type="checkbox"/> None	
		Curis Inc	\$300/hr of consultation
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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)
11	Stock or stock options	<input type="checkbox"/> None	
		Actuate Therapeutics, Inc	2,500 shares of stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Alex Adjei

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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**Date:** 10/5/2022

**Your Name:** Nelson Dusetti

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

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:** 9/2/2022

**Your Name:** Juan Iovanna

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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 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.

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">INSERM</td> <td style="width: 50%; padding: 2px;">Institut Paoli Calmettes</td> </tr> <tr> <td style="padding: 2px;">Aix Marseille University</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CNRS</td> <td style="padding: 2px; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	INSERM	Institut Paoli Calmettes	Aix Marseille University		CNRS	Click the tab key to add additional rows.
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Please place an "X" next to the following statement to indicate your agreement:

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:** 10/5/2022

**Your Name:** Tanois Bekaii-Saab

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 100px; margin-top: 10px;"> <tr> <td style="width: 60%; padding: 5px;">           Agios, Arys, Arcus, Atreca, Boston Biomedical, Bayer, Eisai, Celgene, Lilly, Ipsen, Clovis, Seattle Genetics, Genentech, Novartis, Mirati, Merus, Abgenomics, Incyte, Pfizer, BMS.         </td> <td style="width: 40%; padding: 5px;">           Institution         </td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Agios, Arys, Arcus, Atreca, Boston Biomedical, Bayer, Eisai, Celgene, Lilly, Ipsen, Clovis, Seattle Genetics, Genentech, Novartis, Mirati, Merus, Abgenomics, Incyte, Pfizer, BMS.	Institution				
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		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)
3	Royalties or licenses	<input type="checkbox"/> None	
		Uptodate	Self
		Imugene	Self
		Recursion	Self
4	Consulting fees	<input type="checkbox"/> None	
		Ipsen, Arcus, Pfizer, Seattle Genetics, Bayer, Genentech, Incyte, Eisai and Merck.	Institution
		Stemline, AbbVie, Boehringer Ingelheim, Janssen, Daichii Sankyo, Natera, TreosBio, Celularity, Caladrius Biosciences, Exact Science, Sobi, Beigene, Kanaph, Astra Zeneca, Deciphera, MJH Life Sciences, Aptitude Health, Illumina and Foundation Medicine	Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		WO/2018/183488: HUMAN PD1 PEPTIDE VACCINES AND USES THEREOF – Licensed to Imugene	

		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)
		WO/2019/055687: METHODS AND COMPOSITIONS FOR THE TREATMENT OF CANCER CACHEXIA – Licensed to Recursion	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None Fibrogen, Suzhou Kintor, Astra Zeneca, Exelixis, Merck/Eisai, PanCan and 1Globe.	Self
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None <i>Scientific Advisory Board:</i> Imugene, Immuneering, Xilis, Replimune Artiva and Sun Biopharma.	Self
<p><b>Please place an “X” next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 10/5/2022

**Your Name:** Wen Wee Ma

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

*Wen Wee Ma*

10/5/2022

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:** 10/5/2022

**Your Name:** Martin Fernandez-Zapico

**Manuscript Title:** Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers

**Manuscript Number (if known):** 158060-INS-CMED-RV-3

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.