| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Ya'an Kang |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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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|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| | | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

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|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Jenying Deng |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

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|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
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| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Jianhua Ling |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |
| | |

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| 13 | Other financial or non-financial interests | None | |
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| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Xinqun Li |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| 4 | Consulting fees | None | |
| 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 | |

| | | | all entities with whom you have this aship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11 | Stock or stock options | [⊠] N | lone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | lone | |
| 13 | Other financial or non-financial interests | ⊠ N | lone | |
| Plea | 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. | | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Yi-Ju Chiang |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

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| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

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| 11 | Stock or stock options | None | |
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| 13 | Other financial or non-financial interests | None | |
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|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name: | | Eugene Koay | |
| Manuscript Title: | | 3D imaging analysis on an o | organoid-based platform for personalized medicine arcinoma |
| Ma | nuscript Number (if l | known): 151604-JCI-CMED-1 | |
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| | tem #1 below, report me for disclosure is th | | nuscript without time limit. For all other items, the time |
| | | Name all entities with whom you have this relationship or indicate none (add rows as | |
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| 1 | present | Department of Defense National Institutes of Health | |
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| | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item | Department of Defense National Institutes of Health Time frame: past None Philips Healthcare GE Healthcare Stand up to Cancer | U54CA210181, U54CA143837, U01CA196403, U01CA200468, U01CA200468, U01CA214263, P50CA221707, R01CA221971, R01CA218004, P30CA016672 Click the tab key to add additional rows. Sponsored research In-kind research grant Early detection of pancreatic cancer grant |

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| 4 | Consulting fees | RenovoRx AstraZeneca Augmenix | Consulting for cholangiocarcinoma Consulting for immunotherapy Consulting for medical device |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Apollo Cancer Hospitals in Chennai India Bayer Healthcare Philips Healthcare | Honorarium for lecture Honorarium for lecture Honorarium for lecture |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | □ None | |
| 8 | Patents planned, issued or pending | Design and fabrication of 3D printed oral stents for head and neck cancer | Patent pending |
| 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 | International Cholangiocarcinoma Research Network | Co-Chair of radiation oncology working group |

| | | 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) |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Image: square of the property o | |
| 13 | Other financial or non-financial interests | 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. | | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Huamin Wang |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| 2 | 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. Grants or contracts from any entity (if not | None Time frame: past 36 months □ None NIH: P01CA117969 | Click the tab key to add additional rows. MD Anderson Cancer Center | | |
| | indicated in item #1 above). | NIH: P50CA221707 | MD Anderson Cancer Center | | |
| 3 | Royalties or licenses | None ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ | | | |

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| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
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| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Jared K. Burks |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| | | Time frame: Since the initial planning of | of the work |
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| | | Time frame: past 36 months | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea 🖂 | 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. | | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Paul J. Chiao |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution) | | 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. | [⊠] No | ne Time frame: past 36 month | Click the tab key to add additional rows. | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] No | | | |
| 3 | Royalties or licenses | ⊠ No | ne | | |

| | | 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 | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | 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. | | | |

| Date: | | | 3/28/2022 | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Your Name: | | | Mark W. Hurd | |
| Manuscript Title: | | | 3D Imaging Analysis on an Organoid-Based Ductal Adenocarcinoma | Platform for Personalized Medicine in Pancreatic |
| Man | uscript Number (if I | known): | 151604-JCI-CMED-1 | |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned. | | ript. "Rela of the man e in doubt os/activitie ension, you entioned | rt for the work reported in this manuscript without time limit. For all other items, the time | |
| | | | l entities with whom you have this ship 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 |
| | 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. | | one | Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ No | one | |
| 3 | Royalties or licenses | ⊠ No | one | |

| | | 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 | None | |
| 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 | |
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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) |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Manoop S. Bhutani |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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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.

| | | | e all entities with whom you have this onship 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. | | None | Click the tab key to add additional rows. |
| | | 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 | |

| | | 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 | None | |
| 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 | |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ■ None | |
| 13 | Other financial or non-financial interests | 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. | | | |

| | | | | (Mac) | |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Dat | te: | | 3/28/2022 | 9 | |
| Your Name: | | | Click or tap here to enter text. | ry flee MD, MPH | |
| Ma | nuscript Title: | | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma | | |
| Ma | nuscript Number (if kn | iown): | 151604-JCI-CMED-1 | | |
| content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub | | the ma in doub | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the | | |
| | demiology of hyperten t medication is not me | | | acturers of antihypertensive medication, even if | |
| | | ll suppo | rt for the work reported in this manuscript w | ithout time limit. For all other items, the time | |
| | | | l entities with whom you have this ship 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. | N | one | | |
| | | ΞĶ | Time frame: past 36 month | s and the same series | |
| 2 | Grants or contracts from any entity (if not indicated in item | N | one | | |
| | #1 above). | | | | |

| | | 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 | None | |
| 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 | |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | ⊠ None | |
| Plea | • | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Brian Weston |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Anirban Maitra |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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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 | | |
| 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 XX | Click the tab key to add additional rows. | |
| | | Time frame: past 36 months | S | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None XX | | |
| 3 | Royalties or licenses | Cosmos Wisdom Biotechnology Thrive Earlier Detection (an Exact Sciences company) | Personal Personal | |

| | | 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 | Freenome Tezcat Biotech | |
| 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 | Pancreatic Cancer Action Network Lustgarten Foundation TAG | SMAB (unpaid) Paid (self) |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-------------------------------------------------------------------------------------------|
| Your Name: | Naruhiko Ikoma |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic |
| | Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| | | | entities with whom you have this hip or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] No | | |
| 3 | Royalties or licenses | ⊠ No | ne | |

| | | 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 | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 3/22/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Ching-Wei D Tzeng |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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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.) No time limit for this item. | None Time frame: past 36 month: | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None PanTher Therapeutics | Research funding to institution |
| 3 | Royalties or licenses | None 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) |
|----|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | □ None PanTher Ethicon | Funding given to institution Funding given to institution |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ | |

| | | | e all entities with whom you have this ionship 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 | | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | None | |
| 13 | Other financial or non-financial interests | | None | |
| Plea 🖂 | 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. | | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Jeffrey E Lee |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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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.) No time limit for this item. | None Time frame: past 36 month | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None None | |
| 3 | Royalties or licenses | 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) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-------------------------------------------------------------------------------------------|
| Your Name: | Ronald A. DePinho, MD |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic |
| _ | Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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.

| | | 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 o | 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. | NIH P01 CA117969 Time frame: past 36 months | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | □ None | |
| | | Tvardi Therapeutics, Inc. | Retainer, Equity directly to me |
| | | Nirogy Therapeutics, Inc. | Retainer, Equity directly to me |
| | | Asylia Therapeutics, Inc. | Retainer, Equity directly to me |
| | | Stellanova Therapeutics, Inc. | Retainer, Equity directly to me |
| | | Sporos Bioventures | Equity directly to me |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [⊠] | 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. | | |

3 12/13/2021 ICMJE Disclosure Form

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Robert A Wolff |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| | 34 3 | Time frame: Since the initial planning o | 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. | None | Chair the rats key to mid aud norm rows |
| | | 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 | |

| | | 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 | None Non | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | McGraw Hill | Royalties- Co-editor of MD Anderson Manual of Medical Oncology 4 th Edition |
| 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 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Shubham Pant |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None Xencor | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Florencia McAllister |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None | |
| 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 | |

| | | 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) |
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| 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 | |
| Plea | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Matthew H.G. Katz |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | |

| | | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Jason B. Fleming, MD |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |

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| | | Time frame: Since the initial planning of | 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. | None None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | 5 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Myst Therapeutics Moffitt Cancer Center Team Science Award Phi Beta Psi | Institution Institution Instution |
| 3 | Royalties or licenses | None Non | |

| | | 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 | PanTher Therpeutics Glycosbio Food Services Bio-Path Holdings Natera | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 | PANCAN SMAB | N/a |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Your Name: | Michael P. Kim |
| Manuscript Title: | 3D Imaging Analysis on an Organoid-Based Platform for Personalized Medicine in Pancreatic Ductal Adenocarcinoma |
| Manuscript Number (if known): | 151604-JCI-CMED-1 |
| • | e ask you to disclose all relationships/activities/interests listed below that are related to the |

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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. | None | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None 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) |
|----|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | PanTher Therapeutics | Outside scope of this publication |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None 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 | |

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| 11 | Stock or stock options | [⊠] None | |
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