

# ICMJE DISCLOSURE FORM

**Date:** 12/26/2023

**Your Name:** Shuang Tang

**Manuscript Title:** <sup>68</sup>Ga-FAPI PET imaging monitors response to TGF-βR inhibition and immunotherapy in metastatic colorectal cancer

**Manuscript Number (if known):** 170490-JCI-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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**Your Name:** Ke Li

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**Your Name:** Wei Liu

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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:** 12/26/2023

**Your Name:** Jianpeng Wang

**Manuscript Title:** 68Ga-FAPI PET imaging monitors response to TGF-βR inhibition and immunotherapy in metastatic colorectal cancer

**Manuscript Number (if known):** 170490-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 12/26/2023

**Your Name:** Jiwei Chen

**Manuscript Title:** 68Ga-FAPI PET imaging monitors response to TGF-βR inhibition and immunotherapy in metastatic colorectal cancer

**Manuscript Number (if known):** 170490-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 12/26/2023

**Your Name:** Ming Qi

**Manuscript Title:** 68Ga-FAPI PET imaging monitors response to TGF-βR inhibition and immunotherapy in metastatic colorectal cancer

**Manuscript Number (if known):** 170490-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 12/26/2023

**Your Name:** Weijian Guo

**Manuscript Title:** 68Ga-FAPI PET imaging monitors response to TGF-βR inhibition and immunotherapy in metastatic colorectal cancer

**Manuscript Number (if known):** 170490-JCI-CMED-RV-3

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**Date:** 12/26/2023

**Your Name:** Wenxuan Tang

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**Manuscript Number (if known):** 170490-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 12/26/2023

**Your Name:** Xiaoling Li

**Manuscript Title:** 68Ga-FAPI PET imaging monitors response to TGF-βR inhibition and immunotherapy in metastatic colorectal cancer

**Manuscript Number (if known):** 170490-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 12/26/2023

**Your Name:** Xiaoping Xu

**Manuscript Title:** 68Ga-FAPI PET imaging monitors response to TGF-βR inhibition and immunotherapy in metastatic colorectal cancer

**Manuscript Number (if known):** 170490-JCI-CMED-RV-3

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**Date:** 12/26/2023

**Your Name:** Xinxiang Li

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<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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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:** 12/26/2023

**Your Name:** Shaoli Song

**Manuscript Title:** 68Ga-FAPI PET imaging monitors response to TGF-βR inhibition and immunotherapy in metastatic colorectal cancer

**Manuscript Number (if known):** 170490-JCI-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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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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<b>Time frame: Since the initial planning of the work</b>								
<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"> <tr> <td>Funding: National Natural Science Foundation of China (82272035)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Funding: National Natural Science Foundation of China (82272035)					Click the tab key to add additional rows.
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<b>Time frame: past 36 months</b>								
<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"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
<b>3</b>	Royalties or licenses	<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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4	Consulting fees	<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> <tr><td></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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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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