Date:	_26.11.2022	
Your Name:_	N	/larta Andrzejewska
<b>Manuscript T</b>	itle: From KIT-mutated In	to Wild-type: Dedifferentiation of Gastrointestinal Stromal Tumor in Adolescent
Patient - a Ca	se Report	
Manuscript n	umber (if known): $ m JG$	6O-22-1111-CL

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 of the work
1	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	G ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Г	ease summarize the above o		llowing box:
	NO CONFLICT OF INTEREST EXIS	515	

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

Date:	26.11.2022		
Your Name:_		_Jakub Czarny	
<b>Manuscript T</b>	itle: From KIT-mutated	Into Wild-type: D	edifferentiation of Gastrointestinal Stromal Tumor in Adolescent
Patient - a Ca	se Report		
Manuscript n	umber (if known):		JGO-22-1111-CL

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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	_XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

		1	T
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
_	5	Y N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
_			
	NO CONFLICT OF INTEREST EXIS	STS	

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

Da	te:2022-11-07		
Yo	ur Name:Jolanta Skal	ska-Sadowska	
Ma	anuscript Title: From KIT-m	nutated Into Wild-type: Ded	lifferentiation of Gastrointestinal Stromal Tumor in Adolescent
Pa	tient - a Case Report		
Ma	anuscript number (if know	n): JGO-2	2-1111-CL
rel pa to	ated to the content of you rties whose interests may transparency and does no	r manuscript. "Related" me be affected by the content	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions appl nuscript only.	y to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hyperedication, even if that med	rtension, you should declare lication is not mentioned in upport for the work reporte	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,
		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 initia	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4

Consulting fees

X\_\_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ü	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
	5	V N	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
Г			
	No conflict of interests		
- 1			I

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

Date:\_\_\_\_\_19.11.2022\_\_\_\_\_

Your Nam\_\_Katarzyna Jończyk Potoczna

	anuscript Title: From KIT-mu tient - a Case Report	tated Into Wild-type: Ded	ifferentiation of Gastrointestinal Stromal Tumor in Add	olescent
	anuscript number (if known)	JGO-22-1111-CL		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript.  ed in this manuscript without time limit. For all other in	ive
		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 initia	I 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.	x_None		
<u>.</u>	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	: 36 months	
5	Royalties or licenses	xNone		
ļ	Consulting fees	xNone		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	xNone	
Ple	ease summarize the above o		lowing box:
- 1	MOTOMETICA OF INTERECTORY	ININ	I

NO CONFLICT OF INTERESTS EXISTS		

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

Date: 21st of Nov 2022		
Your Name: Paweł Kurzawa		
Manuscript Title: From KIT-mutated Into Wild-to	ype: Dedifferentiation of Gastrointestinal Stromal Tumor in Adolescent	
Patient - a Case Report		
Manuscript number (if known):	JGO-22-1111-CL	

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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)
	NALESTRUMENTALISMOSTONICA SPERSON	Time frame: Since the initi	al 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	
e la constitución de la constitu	CANCELLO COMPANSAL PROPERTY OF	Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_X None	
5	Payment or honoraria for	X None	

	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events	V	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X <sub>None</sub>	
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	X <sub>None</sub>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X None	

There	15	<b>MO</b>	conflict	of	intrest

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

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

Date:19.11.2022	
Your Name:MATEUSZ WICHTOWSKI	
Manuscript Title: From KIT-mutated Into Wild-type:	<b>Dedifferentiation of Gastrointestinal Stromal Tumor in Adolescent</b>
Patient - a Case Report	JGO-22-1111-CL
Manuscript number (if known):	JGO-22-1111-CL

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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.

		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 initi	al 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.	XNone	
	***	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

Will harlo Robers

Payment or honoraria for lectures, presentations,	XNone
speakers bureaus,	
manuscript writing or	
educational events	
Payment for expert	XNone
testimony	<u> </u>
Compart for attending	X <sub>None</sub>
	None
meetings and/or traver	
Patents planned, issued or	X None
pending	
Participation on a Data Safety Monitoring Board or	XNone
	X.
	_X <sub>None</sub>
	_X <sub>None</sub>
Stock of Stock options	None
	V
Receipt of equipment,	X None
materials, drugs, medical	
writing, gifts or other	
financial interests	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-

No conflict of interest.		

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:12.11.2022	
Your Name:Jacek Wachowiak	
<b>Manuscript Title: From KIT-mutated Int</b>	o Wild-type: Dedifferentiation of Gastrointestinal Stromal Tumor in Adolescent
Patient - a Case Report	JGO-22-1111-CL
Manuscript number (if known):	

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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.	<u>X</u> None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	X <sub>None</sub>	

5	Payment or honoraria for	$X_{None}$	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	_X_None	
	meetings and/or travel		
	G ,		
		N/	
8	Patents planned, issued or	X <sub>None</sub>	
	pending		
9	Participation on a Data	_X <sub>None</sub>	
	Safety Monitoring Board or		
	Advisory Board		
		V.	
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X <sub>None</sub>	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests	NOTIE	
	imancial interests		

There is no conflict of interest related to my co-authorship of the mentioned above manuscript.

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

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

Date:Poznan November 7 <sup>th</sup> 202	22
Your Name:Katarzyna Derwich	
Manuscript Title: From KIT-mutated	Into Wild-type: Dedifferentiation of Gastrointestinal Stromal Tumor in Adolescent
Patient - a Case Report Manuscript number (if known):	JGO-22-1111-CL

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1		Time frame: Since the initi	al 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		
579		Time frame: pas	at 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone		
3	Royalties or licenses	XNone		
4	Consulting fees	X_None		

5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
		- None	
		The second second second second	
	manuscript writing or		
	educational events		
6			
О	Payment for expert testimony	_X None	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None	
11	Stock or stock options	X_None	
12		X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	X None	
	financial interests		A CONTROL OF THE CONT

No conflict	of	interest

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