Date: 9/23/2024

Your Name: Wendy B London

Manuscript Title: Improvements in COG neuroblastoma risk stratification through a change in age cut-off and use of

INRGSS

Manuscript number (if known): TP-24-319

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		
	manuscript (e.g., funding,	Children's Oncology Group	Payments made to my institution.
	provision of study materials,	NIH/NCI	COG funding from U10 CA180886 COG NIH/NCI.
	medical writing, article	Alex's Lemonade Stand	
	processing charges, etc.)	Little Heroes Pediatric	
	No time limit for this item.	Cancer Research	
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated	See #1 above	
_	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Jubiliant DraxImage	DSMB member
10	Safety Monitoring Board or	XNone	DSMB member
	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		DSMB member
11 12	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	XNoneXNoneXNone	DSMB member
10	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	XNone	DSMB member

Please summarize the above conflict of interest in the following box:

WBL reports funding from COG NIH/NCI grant U10 CA180886, Children's Oncology Group (payments made to her institution), Alex's Lemonade Stand, and Little Heroes Pediatric Cancer Research and she serves on the Data Safety Monitoring Board of Jubilant DraxImage.

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: September 23, 2024 **Your Name:** Hannah Bousquet

Manuscript Title: Improvements in COG neuroblastoma risk stratification through a change in age cut-off and use of

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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,	XNone	
	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	X None	30 months
-	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	V N		
6	Payment for expert	XNone		
	testimony			
_		V N		
7	Support for attending meetings and/or travel	XNone		
	meetings and/or traver			
	B			
8	Patents planned, issued or	XNone		
	pending			
	Deutisia II D	V N		
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	·			
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
ы.		office of the control of the	· · · · ·	
Plea	Please summarize the above conflict of interest in the following box:			

No conflicts of interest to declare.

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: Sept 23, 2024

Your Name: Meredith S. Irwin

Manuscript Title: Improvements in COG neuroblastoma risk stratification through a change in age cut-off and use of

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Manuscript number (if known): TP-24-319

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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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	x None	planning of the work
1	manuscript (e.g., funding,	^_NUHE	
	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 any entity (if not indicated in item #1 above).	·	Canadian Inst of Health Research lab operating grant – Targeting Metastatic Neuroblastoma (not directly related to this manuscript) NIH National Clinical Trials Network (NCTN) Grant (U10CA180886). COG Neuroblastoma Disease Committee leadership role salary support.

Royalties or licenses	xNone	
Consulting fees	xNone	
	xNone	
	x_None	
testimony		
Command Command II		Children's Organic and Consum (COC)
		Children's Oncology Group (COG) meeting travel support
meetings and/or traver		
· · · · · · · · · · · · · · · · · · ·	x_None	
pending		
	x_None	
-		
		Solving Kids Cancer and UK Neuroblastoma Scientific
		Advisory Boards (unpaid)
•		
	y None	
Stock of Stock options	A_NOTIC	
Receipt of equipment.	x None	
services		
Other financial or non-	_xNone	
financial interests		
	Payment or honoraria for 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-	Consulting fees x_None

Please summarize the above conflict of interest in the following box:

MSI reports funding from COG NIH/NCI grant U10 CA180886 and the Canadian Inst of Health Research lab operating grant, Children's Oncology Group (COG) meeting travel support, and serves as Chair for Neuroblastoma Biology (Children Oncology Group).

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: September 20, 2024 **Your Name:** Michael D. Hogarty

Manuscript Title: Improvements in COG neuroblastoma risk stratification through a change in age cut-off and use of

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Manuscript number (if known): TP-24-319

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

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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)
1	All support for the present	Time frame: Since the initial _XNone	planning of the work
	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		U10 CA180886 COG NIH/NCI (per case reimbursements
	any entity (if not indicated in item #1 above).		to institution)
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	Company for attanding		LIAO CAAROORIC COC. NIIII/NICI
/	Support for attending meetings and/or travel		U10 CA180886 COG NIH/NCI Travel as Institutional PI to attend COG meetings
	go aa, o. a.a.o.		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	_XNone	
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	_XNone	
	writing, gifts or other		
12	services Other financial or non-	V None	
13	financial interests	XNone	
DI	an aumamanina tha aharra sa	udlist of interest in th	a fallowing how
Piea	ase summarize the above co	milici of interest in th	e ioliowing box:
N	ADH reports funding from COG	NIH/NCI grant U10 CA1	80886.

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: September 20, 2024 **Your Name:** Susan L. Cohn

Manuscript Title: Improvements in COG neuroblastoma risk stratification through a change in age cut-off and use of

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	manuscript (e.g., funding, provision of study materials,		
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	U10 CA180886 COG NIH/NCI (per case reimbursements to institution)
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	'	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	None	U10 CA180886 COG NIH/NCI
	meetings and/or travel		Travel as Institutional PI to attend COG meetings
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_XNone	
	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		
	ase summarize the above co		_
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