Date:	10/4/2022
Your Name:	Tara Hogenson
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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	
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:	10/4/2022
Your Name:	Hao Xie
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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.

			ne all entities with whom you have this tionship or indicate none (add rows as ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planni	ng of the work
1	All support for the present	X	None	
	manuscript (e.g., funding,			
	provision of			Click the tab key to add additional rows.
	study materials, medical writing, article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 mor	aths
2	Grants or contracts from	×	None	
	any entity (if not indicated in			
	item #1 above).			

1 12/13/2021 ICMJE Disclosure Form

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society,	None ■	

		needed)	
	committee or advocacy group, paid or unpaid		
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:		

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Specifications/Comments (e.g., if payments

were made to you or to your institution)

Name all entities with whom you have this

relationship or indicate none (add rows as

Harolen

3

Date:	10/6/2022
Your Name:	William Phillips
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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13	Other financial or non-financial interests	None	
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Date:	9/2/2022
Your Name:	Merih Toruner
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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	
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.				

MenhDeng Commen

October 4, 2022

3

Date:	10/5/2022
Your Name:	Jenny Li
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/5/2022
Your Name:	Isaac Horn
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/4/2022
Your Name:	Devin Kennedy
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/4/2022
Your Name:	Luciana Almada
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/6/2022
Your Name:	David Marks
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/5/2022
Your Name:	Ryan Carr
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/4/2022
Your Name:	Murat Toruner
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/4/2022
Your Name:	Ashley Sigafoos
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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9	Participation on a Data Safety Monitoring Board or Advisory Board	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	
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:	10/4/2022
Your Name:	Amanda Koenig-Kappes
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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	
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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	
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Date:	10/4/2022
Your Name:	Rachel Olson
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	None	
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Date:	10/4/2022
Your Name:	Ezequiel Tolosa
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/5/2022
Your Name:	Cheng Zhang
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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7	Support for attending meetings and/or travel	None	
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Date:	10/5/2022
Your Name:	Hu Li
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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Date:	10/5/2022
Your Name:	Jason Doles
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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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Date:	9/2/2022	
Your Name:	Jonathan Bleeker	
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers	
Manuscript Number (if known):	158060-INS-CMED-RV-3	

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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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13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	10/5/2022
Your Name:	Michael Barrett
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
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Date:	10/5/2022
Your Name:	James Boyum
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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7	Support for attending meetings and/or travel	None	
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Date:	10/5/2022
Your Name:	Benjamin Kipp
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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7	Support for attending meetings and/or travel	None	
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Date:	10/5/2022
Your Name:	Amit Mahipal
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astrazeneca Taiho	Self Self
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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Date:	10/5/2022
Your Name:	Joleen Hubbard
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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:	10/4/2022
Your Name:	TJ Scheffler Hanson
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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.

		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.	None Time frame: past 36 mont	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	
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:	10/5/2022
Your Name:	Gloria Petersen
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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		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:	10/5/2022
Your Name:	Surendra Dasari
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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		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:	10/5/2022
Your Name:	Ann Oberg
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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		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	of the work
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 indicated in item #1 above).	P50CA102701 Mayo Clinic Specialized Programs of Research Excellence in Pancreatic Cancer Time frame: past 36 months None	Grant from NCI to my institution (Mayo Clinic) Click the tab key to add additional rows.
3	Royalties or	None	
	licenses		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., 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 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:	10/5/2022
Your Name:	Mark Truty
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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		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.	None Time frame: past 36 mont	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	
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:	10/5/2022
Your Name:	Rondell Graham
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 1		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. Carlotte Market St. Carlotte
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

1

		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	_	None It to the following statement to indicate your agreement answered every question and have not altered the wo	

Date:	10/5/2022
Your Name:	Michael Levy
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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	

		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:	10/5/2022
Your Name:	Mojun Zhu
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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:	10/5/2022
Your Name:	Daniel Billadeau
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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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 mont	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	Curis Inc	\$300/hr of consultation
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	Actuate Therapeutics, Inc	2,500 shares of stock
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:	10/5/2022
Your Name:	Alex Adjei
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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		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.			

Dat	e:		10/5/2022		
Your Name:			Nelson Dusetti		
Manuscript Title:			Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers		
Ma	nuscript Number (if kn	own):	158060-INS-CMED-RV-3		
con affe indi The epic tha	tent of your manuscrip ected by the content of cate a bias. If you are i author's relationships, demiology of hypertens t medication is not mer	arency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily in in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. **Dos/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript. **All Support for the work reported in this manuscript without time limit. For all other items, the time			
	1	Name al	l entities with whom you have this	Specifications/Comments (e.g., if payments were	
	r	relation	ship or indicate none (add rows as needed)	made to you or to your institution)	
	r	relation	ship or indicate none (add rows as needed) Time frame: Since the initial planning o	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	□ N	Time frame: Since the initial planning of one M rseille University	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials,	INSERN Aix Ma	Time frame: Since the initial planning of one M rseille University	made to you or to your institution) of the work Institut Paoli Calmettes	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	INSERN Aix Ma	Time frame: Since the initial planning of one M rseille University	made to you or to your institution) of the work Institut Paoli Calmettes Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	INSERN Aix Ma CNRS	Time frame: Since the initial planning of one A reseille University Time frame: past 36 months one	made to you or to your institution) of the work Institut Paoli Calmettes Click the tab key to add additional rows.	

		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	PredictingMed SAS	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]		to the following statement to indicate your agreement answered every question and have not altered the wor	

Dat	e:		9/2/2022			
You	ır Name:		Juan Iovanna			
Manuscript Title:			Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers			
Mai	nuscript Number (if k	(nown):	158060-INS-CMED-RV-3			
con affe indi The epic that	tent of your manuscrected by the content of cate a bias. If you are author's relationship demiology of hypertet medication is not m	ript. "Related from the made in doub os/activitinsion, you entioned all suppo	, we ask you to disclose all relationships/activities/interests listed below that are related to the Related" means any relation with for-profit or not-for-profit third parties whose interests may be manuscript. Disclosure represents a commitment to transparency and does not necessarily bubt about whether to list a relationship/activity/interest, it is preferable that you do so. Evities/interests should be defined broadly. For example, if your manuscript pertains to the you should declare all relationships with manufacturers of antihypertensive medication, even if need in the manuscript.			
			Il 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.	INSERN	one // rseille University	Institut Paoli Calmettes Click the tab key to add additional rows.		
			Time frame: past 36 month	is		
2	Grants or contracts from any entity (if not indicated in item #1 above).	INSER	one VI			
3	Royalties or licenses	⊠ N	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	
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	PredictingMed SAS PanCa Therapeutics SAS			
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:	10/5/2022	
Your Name:	Tanois Bekaii-Saab	
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers	
Manuscript Number (if known):	158060-INS-CMED-RV-3	

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		Name all entities with whom you have relationship or indicate none (add rows		Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the in	itial 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		Click the tab key to add additional rows.
		Time frame: p	ast 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	Agios, Arys, Arcus, Atreca, Bos Biomedical, Bayer, Eisai, Celge Ipsen, Clovis, Seattle Genetics, Genentech, Novartis, Mirati, Me Abgenomics, Incyte, Pfizer, BM	ne, Lilly, rus,	Institution

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3	Royalties or licenses	□ None	
		Uptodate	Self
		Imugene	Self
		Recursion	Self
4	Consulting fees	□ None	
		Ipsen, Arcus, Pfizer, Seattle Genetics, Bayer, Genentech, Incyte, Eisai and Merck.	Institution
		Stemline, AbbVie, Boehringer Ingelheim, Janssen, Daichii Sankyo, Natera, TreosBio, Celularity, Caladrius Biosciences, Exact Science, Sobi, Beigene, Kanaph, Astra Zeneca, Deciphera, MJH Life Sciences, Aptitude Health, Illumina and Foundation Medicine	Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
	·		
7	Support for attending	[⊠] None	
	meetings and/or		
	travel		
8	Patents planned, issued or	□ None	
	pending	WO/2018/183488: HUMAN PD1 PEPTIDE VACCINES AND USES THEREOF – Licensed to Imugene	

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		WO/2019/055687: METHODS AND COMPOSITIONS FOR THE TREATMENT OF CANCER CACHEXIA – Licensed to Recursion		
•	Doublein ation on			
9	Participation on a Data Safety Monitoring Board or Advisory Board	Fibrogen, Suzhou Kintor, Astra Zeneca, Exelixis, Merck/Eisai, PanCan and 1Globe.	Self	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	⊠ None		
12	Receipt of equipment,	[⊠] None		
	materials, drugs, medical writing, gifts or other			
13	services Other financial or	□ None		
13	non-financial			
	interests	Scientific Advisory Board: Imugene, Immuneering, Xilis, Replimune Artiva and Sun Biopharma.	Self	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	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:	10/5/2022
Your Name:	Wen Wee Ma
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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		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)
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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.
	ı	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	
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)
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non-financial interests	Image: square of the square o	
Please place an "X" next to the following statement to indicate your agreement: Wen Wee Ma 10/5/2022		
	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests None None

3 12/13/2021 ICMJE Disclosure Form

Date:	10/5/2022
Your Name:	Martin Fernandez-Zapico
Manuscript Title:	Culture media composition affects patient-derived organoids ability to predict therapeutic responses in gastrointestinal cancers
Manuscript Number (if known):	158060-INS-CMED-RV-3

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3	Royalties or licenses	None	

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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	

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