

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Rondina 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Matthew	rst Name)	2. Surname (Last Name) Rondina		3. Date 14-December-2017		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nan Nick van Es	ne		
patient data met	cult cancer in patients	•	thromboembolism: a system	natic review and individual		
Section 2.	The Work Under Co	onsideration for Publi	cation			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No						
Section 3.	Relevant financial	activities outside the	submitted work.			
of compensation clicking the "Add	ı) with entities as descri	ibed in the instructions. Uport relations hips that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.		
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts			
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	☐ Yes 🗸 No		

Rondina 2



Section 5. Polationships not severed above
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Dr. Rondina has nothing to disclose.

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expert testimony, employment, or other affiliations patent

Non-Financial Support: Examples include drugs/equipment

Lecumberri 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fii Ramón	rst Name)	2. Surname (Last Name) Lecumberri	3. Date 14-June-2017					
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Marc Carrier					
Screening for occ patient data met	5. Manuscript Title Screening for occult cancer in patients with unprovoked venous thromboembolism: a systematic review and individual patient data meta-analysis 6. Manuscript Identifying Number (if you know it)							
Section 2.	The Work Under Co	oncideration for Public	ation					
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Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No					

Lecumberri 2



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van Es 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Nick	rst Name)	2. Surname van Es	e (Last Name)	3. Date 15-June-2017		
4. Are you the cor	responding author?	✓ Yes	No			
patient data met	cult cancer in patients v		roked venous thromboembolism: a system	matic review and individual		
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Section 3.	Relevant financial	activities o	outside the submitted work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo						
Section 4.						
Section 4.	Intellectual Proper	ty Paten	nts & Copyrights			
Do you have any	patents, whether plani	ned, pendin	g or issued, broadly relevant to the work	? ☐ Yes ✓ No		

van Es 2



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RIEU 1



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patient data met	cult cancer in patients v a-analysis	·	ous thromboembolism: a systematic review and individual			
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	ı					
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RIEU 2



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patent

Di Nisio 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Marcello	2. Surname (Last Name) Di Nisio	3. Date 15-June-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Carrier M
5. Manuscript Title Screening for occult cancer in patients of patient data meta-analy	with unprovoked venous t	hromboembolism: a systematic review and individual
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If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant? Personal Nor	n-Financial other? Comments
Bayer		✓ Consulting fee
Daiichi Sankyo		✓ Consulting fee
Section 4. Intellectual Proper	ty Patents & Copyric	ąhts
Do you have any patents, whether plan		

Di Nisio 2



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Bossuyt 1



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4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Na Nick van Es	ame
5. Manuscript Title Screening for oc patient data me	cult cancer in patient	s with unprovoked venous	thromboembolism: a system	matic review and individual
6. Manuscript Ide M17-0868	ntifying Number (if you	know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication							
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**		

^{*} This means money that your institution received for your efforts on this study.

Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work

Bossuyt 2

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	

^{*} This means money that your institution received for your efforts.

Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	ationships/conditions/circumstances that present a potential conflict of interest owing relationships/conditions/circumstances are present (explain below):
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
	Show All Table Rows SAVE

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Bossuyt 3

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

SALAUN 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Pierre-Yves	rst Name)	2. Surname (Last Name) SALAUN		3. Date 15-June-2017
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Aut	hor's Name
patient data met	cult cancer in patients v	•	s thromboembolism:	a systematic review and individual
Section 2.	The Work Under Co	onsideration for Pub	lication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants, est? Yes No ormation below. If you h	data monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation, ntity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	on-Financial Other	? Comments
French Health Minist	ry PHRC-K Grant	✓		
	ı			
Section 3.	Relevant financial	activities outside the	e submitted work.	
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions. port relationships that w	Use one line for each vere present during t	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copy	rights	
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant to th	ne work? Yes Vo

SALAUN 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. SALAUN reports grants from French Health Ministry PHRC-K Grant, during the conduct of the study; .

Evaluation and Feedback

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SALAUN 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Büller 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Harry	rst Name)	2. Surname (Last Name) Büller	3. Date 15-June-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name N. van Es
5. Manuscript Title Screening for oc patient data me	cult cancer in patients	with unprovoked venous t	hromboembolism: a systematic review and individual
6. Manuscript Ide M17-0868	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyri <u>c</u>	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Büller 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Büller has nothing to disclose.

Evaluation and Feedback

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Büller 3



Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Info	ormation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Carrier	3. Effective Date (07-August-2008) 14-June-2017
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Screening for oc patient data met	cult cancer in patie	nts with unprovoked venous thromboemb	polism: a systematic review and individual
6. Manuscript Ider	ntifying Number (if yo	u know it)	

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

for Pub	lication				
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
✓					×
					ADD
\checkmark					×
					ADD
✓					×
					ADD
✓					×
					ADD
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	No V	No Paid to You ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	No Paid Your Institution* I Description of the Paid to You Institution of the Paid to You Institution of the Paid to You Institution of the Paid to Your Inst	No Paid to Your Institution* No Institution* Name of Entity Name of Entity	No Paid to You Institution* No Paid to You Institution* Name of Entity Comments** Comments**



The Work Under Consideration for Publication							
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3. Relevant finan

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					X
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



D. L	ا . ها	b :	ta dan ada			
Relevant financial activities outs Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consult	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

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patent

Beckers 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Mariëlle		2. Surname (Last Name) Beckers		3. Date 16-June-201	7	
4. Are you the corresponding author?		Yes ✓ N	Ю	Corresponding Author's Name		
5. Manuscript Title Screening for occult cancer in patients with unprovoked venous thromboembolism: a systematic review and individual patient data meta-analysis. 6. Manuscript Identifying Number (if you know it)						nd individual
Section 2.						
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo						
Section 3.	Relevant financial	activities outsi	de the su	ubmitted work.		
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Section 4.	Intellectual Proper	ty Patents &	Copyrigl	hts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Beckers 2



Section 5.					
Section 5.	Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
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Piccioli 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Andrea	2. Surname (Last Name) Piccioli	3. Date 16-June-2017				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name N van Es				
5. Manuscript Title Screening for occult cancerin patients with unprovoked venous thromboembolism: a systematic review and individual patient data meta-analysis						
6. Manuscript Identifying Number (if you know it) M17-0868						
Section 2. The Work Under C						
The Work Under C	onsideration for Public	ation				
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Section 3. Relevant financial	activities outside the s	ubmitted work.				
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No				

Piccioli 2



Section 5. Relationships not solvered above					
Relationships not covered above					
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Royalties: Funds are coming in to you or your institution due to your patent

Religa 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Piotr	2. Surname (Last Name) Religa		3. Date 16-June-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nan	ne
5. Manuscript TitleScreening for occult cancer in patients patient data meta-analysis6. Manuscript Identifying Number (if you kr M17-0868	· 	hromboembolism: a system	natic review and individual
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ive payment or services from g but not limited to grants, da	a third party (government, con	
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as describled the "Add +" box. You should replace there any relevant conflicts of interest.	ibed in the instructions. Us port relationships that wer	e one line for each entity; ac	dd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrig	ıhts	
Do you have any patents, whether plan	, , , , ,		☐ Yes 🗸 No

Religa 2



Section 5. Relationships not covered above
Relationships not covered above
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Section 1.	Identifying Inform	ation						
1. Given Name (Fi Grégoire	rst Name)	2. Surname (L Le Gal	.ast Name)			3. Date 16-June-2017		
4. Are you the cor	responding author?	Yes ✓	No	Correspond Marc Carri	_	or's Name		
5. Manuscript Title Screening for cancer in patients with unprovoked venous thromboembolism: a systematic review and individual patient data meta-analysis 6. Manuscript Identifying Number (if you know it) M17-0868								
Section 2.	The Work Under Co	onsideration	for Pub	lication				
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Name of Entity		Grant•	2	lon-Financial	Other?	Comments		
Portola Pharmaceution	rals	Fe	ees •	Support*		Clinical trial		
Boehringer-Ingelheir					✓	Co-Investigator. Clinical trial]	
Pfizer					✓	Co-Investigator. Clinical trial]	
GlaxoSmithKline					✓	Co-Investigator. Clinical trial		
Bristol-Myers Squibb					✓	Co-Investigator. Clinical trial		
LEO Pharma					✓	Co-Investigator. Clinical trial		
Daiichi Sankyo					✓	Co-Investigator. Clinical trial		
Bayer					✓	Co-Investigator. Clinical trial		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer				✓	Honoraria, not taken as salary
Pfizer				✓	Honoraria, not taken as salary
GlaxoSmithKline				✓	Honoraria, not taken as salary
LEO Pharma				✓	Honoraria, not taken as salary
Sanofi				✓	Honoraria, not taken as salary
bioMérieux				✓	Honoraria, not taken as salary
Do you have any patents, whether plann	•			nt to the	work? ☐ Yes 🗸 No
Section 5. Relationships not c	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of
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Dr. Le Gal reports grants from Portola Ph GlaxoSmithKline, other from Bristol-Mye other from Bayer, other from Pfizer, othe bioMérieux, outside the submitted worl	rs Squibk er from Gl	o, other from	m LEO Pharma, ot	her from	Daiichi Sankyo, other from Bayer,



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Section 1.	dentifying Inform	ation		
1. Given Name (First Philippe	Name)	2. Surname (Last Name) ROBIN		3. Date 19-June-2017
4. Are you the corres	sponding author?	Yes ✓ No	Corresponding Author's Nar Nick van Es	me
5. Manuscript Title Screening for occu patient data meta-	•	vith unprovoked venous	thromboembolism: a system	natic review and individual
•	fying Number (if you kn	ow it)		
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Section 2.	he Work Under Co	onsideration for Publi	cation	
any aspect of the sub statistical analysis, et	mitted work (including	but not limited to grants, do	a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
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			roadly relevant to the work?	☐ Yes 🗸 No

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Jara-Palomares 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fir Luis	st Name)	2. Surnan Jara-Palc	ne (Last Name) omares			3. Date 19-April-2017	
4. Are you the corr	esponding author?	Yes	√ No	Correspond Nick van E	-	r's Name	
5. Manuscript Title Screening for car data meta-analys	ncer in patients with ur	nprovoked	venous thror	nboembolism:	a systema	atic review and individual pation	ent
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Section 2.	The Work Under Co	onsiderat	ion for Pub	lication			
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Name of Entity		Grant?	Personal N	on-Financial Support <mark>?</mark>	Other?	Comments	
Bayer Hispania			✓				
Actelion			✓				
Rovi			✓				
PFIZER			✓				
Menarini			✓				
Leo-Pharma			✓				

Jara-Palomares 2



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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. Jara-Palomares reports personal fees from Bayer Hispania, personal fees from Actelion, personal fees from Rovi, personal fees from PFIZER, personal fees from Menarini, personal fees from Leo-Pharma, outside the submitted work.

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Prandoni 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Paolo	rst Name)	2. Surname (Last Name) Prandoni	3. Date 14-June-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Nick van Es
patient data met	cult cancer in patients	·	hromboembolism: a systematic review and individual
Section 2.	The Work Under C	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

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Section 1.	Identifying Inform	nation	
1. Given Name (Fi Hans-Martin	rst Name)	2. Surname (Last Name) Otten	3. Date 30-July-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Nick van Es
5. Manuscript Title Screening for oc patient data me	cult cancer in patients	with unprovoked venous t	hromboembolism: a systematic review and individual
6. Manuscript Ide M17-0868	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
6 11 2			
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyric	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?

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Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Otten has nothing to disclose.

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