ICMJE DISCLOSURE FORM

	e:1/26/22		
	r Name:Benjamin L. Gr		
			a peritoneal carcinomatosis: a narrative review
Man	nuscript number (if known):	DMR-21-94	
relate part to trelate	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. s/activities/interests as they relate to the current
The to th med	author's relationships/activne epidemiology of hypertelication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. In this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the 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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x None	
1	Consulting foos	y None	

Χ_

_None

	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-		
13	financial interests	x None	
	illianciai interests		
Dia-		ا ـ أ ـ ما د ما المحمومة الما أم الماراك	lauring hour
Piea	ase summarize the above co	nflict of interest in the foi	lowing box:
No No			

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.

ICMJE DISCLOSURE FORM

Date:	_1/26/22		
Your Name:	_Jeremy L. Davis _		
Manuscript Title	e:	Gastric adenocarcinoma peritoneal carcinomatosis: a narrative review	
Manuscript nur	nber (if known):	DMR-21-94	

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</u> manuscript only.

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.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials,	x None		
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from	x None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	x None		
4	Consulting fees	x None		

5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
	testimony		
7	Support for attending meetings and/or travel	_ x None	
	Detects along discording		
8	Patents planned, issued or pending	x None	
9	Participation on a Data	No. No. 1	
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	x None	
12	Receipt of equipment,	_ x None	
12	materials, drugs, medical	_ XNone	
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	llowing box:
N	0		

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.