

ICMJE DISCLOSURE FORM

Date: 09/09/2022
 Your Name: ILARIA ANGELICONE
 Manuscript Title: RADIOTHERAPY IN GASTRIC CANCER: DOES IT STILL PLAY A SIGNIFICANT ROLE?
 Manuscript number (if known): DMR-22-55

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 current manuscript only.

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.

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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.	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

<p>None</p> <p>no conflict of interest</p>
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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.

Flavia Angelico

ICMJE DISCLOSURE FORM

Date: 09/09/2022
 Your Name: FLAVIA DE GIACOMO
 Manuscript Title: RADIOTHERAPY IN GASTRIC CANCER: DOES IT STILL PLAY A SIGNIFICANT ROLE?
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Flaviadey Jacomo

ICMJE DISCLOSURE FORM

Date: 09/09/2022
 Your Name: ALFREDO PRIORE
 Manuscript Title: RADIOTHERAPY IN GASTRIC CANCER: DOES IT STILL PLAY A SIGNIFICANT ROLE
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ICMJE DISCLOSURE FORM

Date: 09/09/2012
 Your Name: MARGHERITA ROTONDI
 Manuscript Title: RADIOTHERAPY IN GASTRIC CANCER: DOES IT STILL PLAY A SIGNIFICANT ROLE?
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Keynote R. D.

ICMJE DISCLOSURE FORM

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M. J. Costa