

ICMJE DISCLOSURE FORM

Date: 12/1/2023
Your Name: David H. Ilson, MD PhD
Manuscript Title: How to use ANTI-PD-1 Therapy in Gastric Cancer: The Approach in the United States
Manuscript number (if known): CCO-23-120

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.

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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.

		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	MSK Cancer Center Support Grant/Core Grant (P30 CA008748).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	Research support from Astellas and Taiho
3	Royalties or licenses	___ X ___ None	

4	Consulting fees	<input type="checkbox"/> None	AMGEN, Bayer, Lilly, Roche, Astra-Zeneca, Bristol Myers Squibb, Astellas, Merck, Daiichi Sankyo, Taiho
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Consulting fees as outlined above

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.