## ICMJE DISCLOSURE FORM

Date:25/Dec/2023	
Your Name:_ Izuma Nakayama	_
Manuscript Title: <u>Perioperative or neoadjuvant chemotherapy for locally advanced gastric or gastroesopha</u>	geal junction
cancer: From independent evidence in the West, the East, and Japan to global collaboration	
Manuscript number (if known):CCO-23-129	

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 manuscript only</u>.

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)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

I have no conflict of interest related to this article.		

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:25/Dec/2023
Your Name:_ Manabu Ohashi
Manuscript Title:_Perioperative or neoadjuvant chemotherapy for locally advanced gastric or gastroesophageal junctio
cancer: From independent evidence in the West, the East, and Japan to global collaboration
Manuscript number (if known):

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## **ICMJE DISCLOSURE FORM**

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Your Name:_ Soya Nunobe	
Manuscript Title: <u>Perioperative or neoadjuvant chemotherapy for locally advanced gastric or gastroesop</u>	hageal junct
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Manuscript number (if known):	
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