

ICMJE DISCLOSURE FORM

Date: 3/4/2022
 Your Name: Xiaoyun Li
 Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team
 Manuscript number (if known): _____

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

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

No conflict of interest.

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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: 3/6/2022
 Your Name: Chengxing (Cindy) Lu
 Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/14/2022

Your Name: Kristine Broglio

Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/4/2022
 Your Name: Paul Bycott
 Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team
 Manuscript number (if known): _____

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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ Pfizer	I am an employee of Pfizer and stock is part of compensation plan.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

I am an employee of Pfizer and stock is part of compensation plan.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 3/4/2022
 Your Name: Jie Chen
 Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/14/2022

Your Name: Qi Jiang

Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/14/2022
 Your Name: Jianchang Lin
 Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/11/2022
 Your Name: Jingjing Ye
 Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team
 Manuscript number (if known): _____

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Date: 3/4/2022
 Your Name: Jun Yin
 Manuscript Title: Current Usage and Challenges of Master Protocols- Based on Survey Results by ASA BIOP Oncology Methodology Working Group Master Protocol Sub-team
 Manuscript number (if known): _____

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