

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)
Lucy

2. Surname (Last Name)
Ma

3. Date
08-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
JGO-19-440

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Dr. Ma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Osvaldo

2. Surname (Last Name)
Espin-Garcia

3. Date
06-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
RAYMOND JANG

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
JGO-19-440

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Section 1. Identifying Information

1. Given Name (First Name) Charles	2. Surname (Last Name) Lim	3. Date 06-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raymond Jang
5. Manuscript Title Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers		
6. Manuscript Identifying Number (if you know it) JGO-19-440-JJY		

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Dr. Lim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Di (Maria)	2. Surname (Last Name) Jiang	3. Date 06-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raymond Jang
5. Manuscript Title Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers		
6. Manuscript Identifying Number (if you know it) 19-440		

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Akina

2. Surname (Last Name)
Natori

3. Date
07-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
19-440

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Natori has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bryan

2. Surname (Last Name)
Chan

3. Date
07-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
19-440

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chihiro

2. Surname (Last Name)
Suzuki

3. Date
06-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raymond W. Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
JGO-19-440

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Chen

3. Date

06-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Raymond Jang

5. Manuscript Title

Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)

JGO-19-440

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Geoffrey

2. Surname (Last Name)
Liu

3. Date
06-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
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Savtaj

2. Surname (Last Name)
Brar

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08-April-2020

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Corresponding Author's Name
Raymond Jang

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carol

2. Surname (Last Name)
Swallow

3. Date
08-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
JGO-19-440

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Swallow has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Yeung

3. Date
06-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
JGO-19-440

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Yeung has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gail

2. Surname (Last Name)
Darling

3. Date
06-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
JGO-19-440

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Darling has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rebecca

2. Surname (Last Name)
Wong

3. Date
08-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
JGO-19-440

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Dr. Wong has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sangeetha

2. Surname (Last Name)
N Kalimuthu

3. Date
06-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raymond Jang

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Sangeetha N Kalimuthu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
James

2. Surname (Last Name)
Conner

3. Date
06-April-2020

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Corresponding Author's Name
Raymond Jang

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
JGO-19-440

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Conner has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Definitions.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Elena

2. Surname (Last Name)
Elimova

3. Date
06-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Raymond Jang

5. Manuscript Title
Impact of adjuvant therapy in patients with a microscopically positive margin after resection for gastric and esophageal cancers

6. Manuscript Identifying Number (if you know it)
JGO-19-440

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting, Research
Zymeworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting, Research

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Dr. Elimova reports other from BMS, other from Zymeworks, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Raymond

2. Surname (Last Name)
Jang

3. Date
08-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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