

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Orna

2. Surname (Last Name)
Alpert

3. Date
28-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Brain–Gut Axis in Gastrointestinal Cancers

6. Manuscript Identifying Number (if you know it)
JGO-2019-GI-04

Section 2. The Work Under Consideration for Publication

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Dr. Alpert has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Leonid

2. Surname (Last Name)
Begun

3. Date
28-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Orna Alpert M.D.

5. Manuscript Title
The Brain–Gut Axis in Gastrointestinal Cancers

6. Manuscript Identifying Number (if you know it)
JGO-2019-GI-04

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Dr. Begun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tony	2. Surname (Last Name) Issac	3. Date 29-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Orna Alpert M.D.
5. Manuscript Title The Brain-Gut Axis in Gastrointestinal Cancers		
6. Manuscript Identifying Number (if you know it) JGO-2019-GI-04		

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1. Given Name (First Name) Ramon	2. Surname (Last Name) Solhkhah	3. Date 27-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Orna Alpert
5. Manuscript Title The Brain-Gut Axis in Gastrointestinal Cancers		
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexza Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Galen Ltd. Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Otsuka Pharmaceutical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alkermes PLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LivaNova PLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Solhkhah reports other from Alexza Pharmaceuticals, grants from Galen Ltd. Pharmaceuticals, grants from Otsuka Pharmaceutical, grants from Alkermes PLC, grants from LivaNova PLC, outside the submitted work; .

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