

## ICMJE DISCLOSURE FORM

Date: 3/5/2021

Your Name: \_Michelle Treasure

Manuscript Title: A pilot study of a low glycemic load diet in patients with stage I-III colorectal cancer

Manuscript number (if known): JGO-20-330

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.

The author's relationships/activities/interests should be defined broadly. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

*Michele Traseur*



**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name) David      2. Surname (Last Name) Bajor      3. Date 09-February-2021

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Michelle Treasure MD

5. Manuscript Title  
A pilot study of a low glycemic load diet in patients with stage I-III colorectal cancer

6. Manuscript Identifying Number (If you know it) J60-20-330

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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.)?

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Dr. Bajor has nothing to disclose.

  
O L Bajor MD

2/9/2021

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1. Given Name (First Name) \_\_\_\_\_  
Smitha
2. Surname (Last Name) \_\_\_\_\_  
Krishnamurthi
3. Date \_\_\_\_\_  
21-August-2020
4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_  
Michelle Treasure
5. Manuscript Title \_\_\_\_\_  
A pilot study of a low glycemic load diet in patients with stage I-III colorectal cancer
6. Manuscript Identifying Number (if you know it) \_\_\_\_\_  
J60-20-330

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Dr. Krishnamurthi has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Stephen

2. Surname (Last Name)  
Ganocy

3. Date  
11-August-2020

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

5. Manuscript Title  
A pilot study of a low glycemic diet in patients with stage I-III colorectal cancer

6. Manuscript Identifying Number (if you know it)  
JG0-20-330

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Dr. Ganocy has nothing to disclose.

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1. Given Name (First Name)

Neal

2. Surname (Last Name)

Meropol

3. Date

03-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Michelle Treasure

5. Manuscript Title

A pilot study of a low glycemic load diet in patients with stage I-III colorectal cancer

6. Manuscript Identifying Number (if you know it)

JG0-20-330

### Section 2. The Work Under Consideration for Publication

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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
Flatiron Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am an employee of Flatiron Health, Inc. an independent subsidiary of the Roche Group
Flatiron Health and Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	equity ownership

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Dr. Meropol reports other from Flatiron Health, other from Flatiron Health and Roche, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)

Nathan

2. Surname (Last Name)

Berger

3. Date

10-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Michelle Treasure

5. Manuscript Title

A Pilot Study of Low Glycemic Load Diet *in patients with stage I-III colorectal cancer*

6. Manuscript Identifying Number (if you know it)

*JG0-20-330*

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Dr. Berger has nothing to disclose.

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1. Given Name (First Name)  
Augustine

2. Surname (Last Name)  
Hong

3. Date  
13-August-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

*A pilot study of a low glycaemic load diet in patients with stage I-III colorectal cancer*

6. Manuscript Identifying Number (if you know it)

*JG0-20-330*

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Are there any relevant conflicts of interest?  Yes  No

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### Section 1. Identifying Information

1. Given Name (First Name)

Alicia

2. Surname (Last Name)

Thomas

3. Date

11-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Michelle Treasure, MD

5. Manuscript Title

A pilot study of a low glycaemic load diet in patients with Stage I-III Colorectal cancer

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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

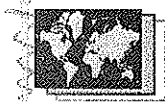
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### Section 4. Intellectual Property -- Patents & Copyrights

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No



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Alicia Thomas, MS RD LD has nothing to disclose.

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