Date:	June 10	. 2021
Your Na	me:	Joshua Tseng
Manusc	ript Title:	Disparities and Survival in Newly Diagnosed Gastric Cancer in Hispanic Patients in the United States: a
Propens	sity Score	Matched Analysis
Manusc	ript numb	er (if known): IGO-21-207

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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
<i>c</i>	educational events	V Nana			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
8	Patents planned, issued or	X None			
_	pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or	xnone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
	·				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None				
	None.				
<u></u>	assa placa an "Y" payt to the				
פוע	ase niace an "X" nevt to the	i tallawing statement to it	NAICHTA VAIIR AGRAAMANT!		

Date: _	June 10	, 2021	
Your N	ame:	James Miller	
Manus	cript Title:	<u>Disparities and Survival in Newly Diagnosed Gastric Cancer in Hispanic Patients i</u>	n the United States: a
Proper	sity Score	Matched Analysis	
Manus	cript numb	per (if known): JGO-21-207	

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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
<i>c</i>	educational events	V Nana			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
8	Patents planned, issued or	X None			
Ĭ	pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or	xnone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
	·				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None				
	None.				
<u></u>	assa placa an "Y" payt to the				
פוע	ase niace an "X" nevt to the	i tallawing statement to it	NAICHTA VAIIR AGRAAMANT!		

Date: _	June 10	0, 2021	
Your N	ame:	Jeffrey Johnson	
Manus	cript Title:	Disparities and Survival in Newly Diagnosed Gastric Cancer in Hispanic Patients in the U	nited States: a
Proper	sity Score	Matched Analysis	
Manus	cript numb	ber (if known): JGO-21-207	

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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
<i>c</i>	educational events	V Nana			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
8	Patents planned, issued or	X None			
Ĭ	pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or	xnone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
	·				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None				
	None.				
<u></u>	assa placa an "Y" payt to the				
פוע	ase niace an "X" nevt to the	i tallawing statement to it	NAICHTA VAIIR AGRAAMANT!		

Date: _	June 10	, 2021
Your Na	ame:	Kevin Waters
Manus	cript Title:	Disparities and Survival in Newly Diagnosed Gastric Cancer in Hispanic Patients in the United States: a
<u>Propen</u>	sity Score	Matched Analysis
Manus	cript numb	per (if known): JGO-21-207

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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
<i>c</i>	educational events	V Nana			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
8	Patents planned, issued or	X None			
_	pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or	xnone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
	·				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None				
	None.				
<u></u>	assa placa an "Y" payt to the				
פוע	ase niace an "X" nevt to the	i tallawing statement to it	NAICHTA VAIIR AGRAAMANT!		

Date:	June 10	. 2021
Your N	lame:	Alexandra Gangi
Manus	script Title:	Disparities and Survival in Newly Diagnosed Gastric Cancer in Hispanic Patients in the United States: a
Prope	nsity Score	Matched Analysis
Manus	script numb	er (if known): JGO-21-207

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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
<i>c</i>	educational events	V. None		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
8	Patents planned, issued or	X None		
-	pending			
	. •			
9	Participation on a Data	X None		
,	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Ple	Please summarize the above conflict of interest in the following box:			
	None.			
DIA	ase place an "Y" next to the	following statement to it	odicate your agreement:	

Date: _	June 10), 2021
Your N	ame:	Jun Gong
Manus	cript Title	Disparities and Survival in Newly Diagnosed Gastric Cancer in Hispanic Patients in the United States: a
Proper	nsity Score	Matched Analysis
Manus	cript num	per (if known): JGO-21-207

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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
<i>c</i>	educational events	V. None		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
8	Patents planned, issued or	X None		
-	pending			
	. •			
9	Participation on a Data	X None		
,	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Ple	Please summarize the above conflict of interest in the following box:			
	None.			
DIA	ase place an "Y" next to the	following statement to in	odicate your agreement:	

Date: _	June 10	, 2021
Your N	ame:	Miguel Burch
Manus	cript Title:	Disparities and Survival in Newly Diagnosed Gastric Cancer in Hispanic Patients in the United States: a
Proper	nsity Score	Matched Analysis
Manus	cript numb	per (if known): JGO-21-207

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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
<i>c</i>	educational events	V. None		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
8	Patents planned, issued or	X None		
-	pending			
	. •			
9	Participation on a Data	X None		
,	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Ple	Please summarize the above conflict of interest in the following box:			
	None.			
DIA	ase place an "Y" next to the	following statement to in	odicate your agreement:	