Date: March	2 nd , 2022
Your Name:	Go Nishikwa
Manuscript T	itle: Comparison of neoad juvant regimens for resectable gastroesophageal junction cancer: A systematic
review of ran	domized clinical trials across three decades
Manuscript r	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 <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)
1	All account fourth a consent	Time frame: Since the initial	pranning of the work
1	All support for the present	X_None	
	manus cript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	s peakers bureaus,			
	manus cript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or a dvocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
10	services			
13	Other financial or non-	XNone		
	financialinterests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None.			

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Feb. 28th, 2022
Your Name: Pratyusha Banik
Manuscript Title: Comparison of neoadjuvant regimens for resectable gastroesophageal junction cancer: A systematic
review of randomized clinical trials across three decades
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 <u>current</u> <u>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.

	Charles and the converse of th	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)
Antiene		Time frame: Since the initi	al 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.	_X_None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u></u> ✓ None	

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

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

None.		
The second second		

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.

Date: Feb. 25 th , 2022	_
Your Name: Rajat Thawani	
Manuscript Title: Comparison of neoad juvant regimens for resectable gastroes op hageal junction cancer and the second section of the second s	er: A systemation
review of randomized clinical trials across three decades	
Manuscript number (if known): JGO-22-29-CL	_

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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,			
	s peakers bureaus, manus cript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
	,			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
10	Advisory Board	V. None		
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or a dvocacy			
	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-	XNone		
	financialinterests			
	Please summarize the above conflict of interest in the following box: None.			
'	wite.			

None.		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>2/25/2022</u>	
Your Name:A	del Kardosh
Manuscript Title:	Comparison of neoadjuvant regimens for resectable gastroesophageal junction cancer: A systematic
review of random	ized clinical trials across three decades
Manuscript numb	er (if known):

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		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)
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.	Time frame: Since the initialX_None	planning of the work
		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 lectures, presentations,	XNone		
	s peakers bureaus, manus cript writing or educational events			
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or a dvocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financialinterests			
Plea	Please summarize the above conflict of interest in the following box:			

None			

 $\underline{\hspace{1cm}} \textbf{X_I certify that I have answered every question and have not altered the wording of any of the questions on this}$ form.

Date: <u>2/28/22</u>	
Your Name:	Stephanie Wood
Manuscript Titl	e: Comparison of neoad juvant regimens for resectable gastroes op hageal junction cancer: A systemati
review of rando	omized clinical trials across three decades
Manuscript nu	mber (if known):Manuscript ID: JGO-22-29-CL

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		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	x None			
,	lectures, presentations,	XNONE			
	speakers bureaus,				
	manus cript writing or				
	educational events				
6	Payment for expert	x None			
	testimony				
	testimony				
7	Support for attending	xNone			
,	meetings and/or travel				
	meetings and, or traver				
8	Patents planned, issued or	_xNone			
	pending				
•	5 5.				
9	Participation on a Data	xNone			
	Safety Monitoring Board or				
10	Advisory Board				
10	Leadership or fiduciary role	x_None			
	in other board, society,				
	committee or a dvocacy				
11	group, paid or unpaid Stock or stock options	x None			
11 Stock or stock option	Stock of Stock options	xNone			
12	Possint of aguinment	x None			
12	Receipt of equipment, materials, drugs, medical	_xNone			
	writing, gifts or other				
	services				
13	Other financial or non-	x None			
10	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
_					
N	None.				
1	ione.				

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Your Name: Nima Nabavizadeh
Tour Name. Nima Napavizacen
Manuscript Title: Comparison of neoadjuvant regimens for resectable gastroesophageal junction cancer: A systema
review of randomized clinical trials across three decades
Manuscript number (if known):

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		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,				
	s peakers bureaus,				
	manus cript writing or				
_	educational events	V. None			
6	Payment for expert	_XNone			
	testimony				
7	Support for attending	_XNone			
,	meetings and/or travel				
	meetings and, or traver				
8	Patents planned, issued or	X None			
	pending				
	L Activitie				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
	in other board, society,				
	committee or a dvocacy				
	group, paid or unpaid				
11	Stock or stock options	_XNone			
4.2					
12	Receipt of equipment,	_XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financialinterests				
Plea	ase summarize the above co	onflict of interest in the follo	owing box:		
N	lone.				

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 3/2/2022	Date: <u>3/2/2022</u>				
Your Name:	Emerson Y. Chen				
Manuscript Titl	e: Comparison of neoadjuvant regimens for resectable gastroesophageal junction cancer: A systemati				
review of rando	omized clinical trials across three decades				
Manuscript nur	nber (if known):				

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		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).	Taiho Oncology, Inc	Research support for investigator initiated trial as co- investigator
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XHorizon CME	Honoraria for lectures
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:

ı	received	Research	support	trom	laiho	Oncology,	Inc	tor	inves:gator	initiated	trial	as	co-
inves:gator, and Honoraria for lectures from Horizon CME.													

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

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Empreon hen 3/2/2022