

ICMJE DISCLOSURE FORM

Date: 5/30/2022
 Your Name: Ankit Madan
 Manuscript Title: The evolving role of immunotherapy in the management of esophageal and gastric cancer
 Manuscript number (if known): JGO-22-55

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)
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.	<input checked="" type="checkbox"/> None	No funding received from any institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" 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 type="checkbox"/> None <input checked="" type="checkbox"/> Verastem oncology	One time payment made to me as an individual through my employer in 2019
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 summarize the above conflict of interest in the following box:

I received onetime payment for Duvelisib advisory board program from Verastem oncology in 2019

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.

ICMJE DISCLOSURE FORM

Date: January 16, 2022

Your Name: Hope Uronis

Manuscript Title: The evolving role of immunotherapy in the management of esophageal and gastric cancer

Manuscript number (if known): JGO-22-55

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)
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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> None	
		Bristol Meyers Squibb(BMS)	Payment made to institution
		Merck	Payment made to institution
		Leap Therapeutics	Payment made to institution
		Roche-Genetech	Payment made to institution
		Macrogenics	Payment made to institution
		Adaptimmune	Payment made to institution

3	Royalties or licenses	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
		Astra Zeneca	Payment made to me as individual
		BMS	Payment made to me as individual
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

Payment made to me as individual-Astra Zeneca, BMS
 Payment made to institution-BMS, Merck, Leap therapeutics, Macrogenics, Adaptimmune

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.

ICMJE DISCLOSURE FORM

Date: 5/22/2022

Your Name: John Strickler

Manuscript Title: The evolving role of immunotherapy in the management of esophageal and gastric cancer : A Narrative Review

Manuscript number (if known): JGO-22-55

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)
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.	<u> x </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca	Institution
		Bayer	Institution
		Seagen	Institution
		Amgen	Institution
		Daiichi-Sankyo	Institution
		Nektar	Institution
		Abbvie	Institution
		Erasca	Institution
		Gossemmer Bio	Institution

		AStar D3	Institution
		Curegenix	Institution
		Sanofi	Institution
		Roche/ Genentech	Institution
		Silverback Therapeutics	Institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Abbvie	Self
		Amgen	Self
		AstraZeneca	Self
		Bayer	Self
		Inivata	Self
		Natera	Self
		GlaxoSmithKline(GSK)	Self
		Mereo Biopharma	Self
		Pionyr Immunotherapeutics	Self
		Seagen	Self
		Pfizer	Self
		Silverback Therapeutics	Self
		Viatrix	Self
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	Seagen	Self
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Abbvie	Self
		Pionyr Immunotherapeutics	Self
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		<input checked="" type="checkbox"/> None	

	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Consultant or advisory role: Yes
 Companies: Abbvie, Amgen, AstraZeneca, Bayer, GSK, Inivata, Mereo Biopharma, Natera, Pfizer, Pionyr Immunotherapeutics, Seagen, Silverback Therapeutics, Viatrix
 Compensated: Yes

Research funding or contracted research: Yes
 Companies: Amgen, Bayer, Erasca, Seagen, Daiichi-Sankyo, Gossamer Bio, AStar D3, Sanofi, Roche/ Genentech, Curegenix, Nektar, Abbvie, Silverback Therapeutics
 Compensated: No

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

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