

ICMJE DISCLOSURE FORM

Date: June 03rd, 2022

Your Name: Cristina Morelli

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: June 07th, 2022

Your Name: Amedeo Ferlosio

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 15th, 2022

Your Name: Vincenzo Formica

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 04th, 2022

Your Name: Anna Patrikidou

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 16th, 2022

Your Name: Michela Rofei

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 03rd, 2022

Your Name: Kai Keen Shiu

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 05th, 2022

Your Name: Silvia Riordino

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 07th, 2022

Your Name: Renato Argirò

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 07th, 2022

Your Name: Roberto Floris

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June 09th, 2022

Your Name: Augusto Orlandi

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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Date: June 03rd, 2022

Your Name: Mario Roselli

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

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

None

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.

ICMJE DISCLOSURE FORM

Date: June 04th, 2022

Your Name: Hendrik-Tobias Arkenau

Manuscript Title: NUTRitional Index for Immune-Checkpoint Inhibitor (NUTRIICI) in patients with metastatic Gastro-oesophageal junction (mGOJ)/Gastric Cancer (GC).

Manuscript number (if known): _____

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
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