Date: July. 6th	2022
Your Name:	Yoshihiro Hara
Manuscript Tit	e: Immune-related adverse events and prognosis in patients with upper gastrointestinal cancer treate
<u>with nivoluma</u>	<u>)</u>
Manuscript nu	mber (if known): <u>JGO-22-281-CL</u>

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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		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	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript 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	<u>-</u>	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
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12	Receipt of equipment,	X None	
	materials, drugs, medical	<u>-~</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
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Date: July. 6 th , 2022.
Your Name: Yoshile; Rock
Manuscript Title: Immune-related adverse events and prognosis in patients with upper gastrointestinal cancer treate
with nivolumab
Manuscript number (if known): JGO-22-281-CL

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4	Consulting fees	_XNone	

5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
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6	Payment for expert	X None
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7	Support for attending	_XNone
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	Detaute planted issued or	X None
8	Patents planned, issued or	None
	pending	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society,	X None
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
11	Stock of Stock options	None
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12	Receipt of equipment,	_XNone
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	_ XNone
1	financial interests	
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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:

Date: July. 6 th , 2022
Your Name: Teshlow Tolkinto
Manuscript Title: <u>Immune-relateď adverse events and prognosis in patients with upper gastrointestinal cancer treated</u>
with nivolumab
Manuscript number (if known): <u>JGO-22-281-CL</u>

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	



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5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript 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	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V N	
11	Stock or stock options	X None	
12	Descipt of accioment	V None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone	
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13	Other financial or non-	X None	
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Plea	ase summarize the above co	nflict of interest in the foll	owing box:
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ICMJE DISCLOSURE FORM

Date: July. 6 th , 2022
Your Name: Legate Hure ila
Manuscript Title: Immune-related adverse events and prognosis in patients with upper gastrointestinal cancer treated
with nivolumab
Manuscript number (if known): JGO-22-281-CL

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		Time frame: pas	t 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	

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ICMJE DISCLOSURE FORM

ate: <u>July. 6th, 2022</u>
our Name: Katsunivo Usawa.
anuscript Title: Immune-related adverse events and prognosis in patients with upper gastrointestinal cancer treater
ith nivolumab
anuscript number (if known): JGO-22-281-CL

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
1	lectures, presentations,		
	speakers bureaus,		
ĺ	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	_XNone	
:	meetings and/or travel		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
11	group, paid or unpaid	V Name	
11	Stock or stock options	XNone	
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Date: July. 6 th , 2022
Your Name: Masaakl Lunatsul
Manuscript Title: Immune-related adverse events and prognosis in patients with upper gastrointestinal cancer treated
with nivolumab
Manuscript number (if known): JGO-22-281-CL

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	



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	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,	XNone	
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	group, paid or unpaid		
11	Stock or stock options	X None	· · · · · · · · · · · · · · · · · · ·
	Stock of Stock options	None	
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	materials, drugs, medical		
	writing, gifts or other		
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	financial interests		
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Date: July. 6th, 2022	
Your Name: Skilke	, Imagam?
	mune-related adverse events and prognosis in patients with upper gastrointestinal cancer treated
with nivolumab	
Manuscript number	(if known): JGO-22-281-CL

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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5	Payment or honoraria for	_XNone	
	lectures, presentations,		
ŀ	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
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	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
! !	in other board, society, committee or advocacy		
	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	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the	following box:

None	



Date: July. 6 th , 2022
Your Name: Yul) Miyawa o
Manuscript Title: Immune-related adverse events and prognosis in patients with upper gastrointestinal cancer treated
with nivolumab
Manuscript number (if known): JGO-22-281-CL

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	



5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	_XNone	
	Constitution of the section of	11	
7	Support for attending meetings and/or travel	_XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
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13	Other financial or non-	X None	
	financial interests		
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ried	ise summanize the above co	milet of interest in the foil	owing box.
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Date: July. 6 th , 2022
Your Name: Nesya Yarkida
Manuscript Title: Immune-related adverse events and prognosis in patients with upper gastrointestinal cancer treate
with nivolumab
Manuscript number (if known): JGO-22-281-CL

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3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

	e: <u>July. 6th, 2022</u>		
	ir Name: Hideo Babo		
		ted adverse events and pro	ognosis in patients with upper gastrointestinal cancer treated
wit	<u>h nivolumab</u>		
Ma	nuscript number (if known):	JGO-22-281-CL	
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		needed)	
	T - 11	Time frame: Since the initia	ar planning of the work
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	<u> </u>	Time frame: pas	t 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 lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	_XNone	
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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 advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone	
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13	Other financial or non- financial interests	X None	
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