Date: <u>3/30/23</u>	
Your Name: Jessica Yang	
Manuscript Title: <u>Periop vs TNT in gastric cancer</u>	

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.

		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	None	
	manuscript (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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

÷.

Date: 14/03/2023		
Your Name: MEGAN GREALLY		
Manuscript Title: Perioderative	(ersus total neocolinvant	chemomeropy in gastric
Manuscript number (if known):	3-4-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 initia	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>None</u>	
3	Royalties or licenses	<u> </u>	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	× None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
10	Advisory Board		1.16
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
			and the second second

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

Date: <u>3/30/23</u>		
Your Name: Vivian E. Strong		
Manuscript Title: P	eriop vs TNT in gastric cancer	

Manuscript number (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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Merck	speaking honoraria from Merck.
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	

I received speaking honoraria from Merck.

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

Date	3/28/202	3
Your I	Name:	Daniel Coit
Manu	script Title	:Perioperative versus total neoadjuvant chemotherapy in gastric cancer_
Manu	script num	ber (if known): JGO-23-4-CL

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) Time frame: Since the initial	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.) <b>No time limit for this item.</b>	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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNoneXNoneXNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	X_None

No conflicts

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

Date: <u>3-28-2023</u>		
Your Name:	Joanne Chou	
Manuscript Title:	Perioperative versus total neoadjuvant chemotherapy in gastric cancer	
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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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	xNone	
	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	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	y Nono	
O	testimony	x_None	
	testimony		
7	Support for attending	x None	
ŕ	meetings and/or travel		
0	Deterrite planned issued or	v. Nono	
8	Patents planned, issued or pending	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	x_None	
12	Receipt of equipment,	x None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		

None.

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

Date: <u>3/28/202</u> Your Name:	Marinela Capanu		
Manuscript Title	e:Perioperative versus total neoadjuvant chemotherapy in gastric cancer		
Manuscript num	iber (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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		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)
	ſ	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

Nothing to disclose.

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

Date: <u>3/30/23</u>	Date: <u>3/30/23</u>				
Your Name: Steve	/our Name: <u>Steven Maron</u>				
Manuscript Title:	Periop vs TNT in gastric cancer				

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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	1	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	nine name. past	Conquer Cancer Foundation
2	any entity (if not indicated		Conquer Cancer i oundation
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Natera, Bicara, Novartis, Basilea, Elevation Oncology, and Daiichi Sankyo
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	AstraZeneca
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	Calithera
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date:		
Your Name:	David Kelsen	
Manuscript Title	e:Perioperative versus total neoadjuvant chemotherapy in gastric cancer	
Manuscript nun	nber (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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		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.) <b>No time limit for this item.</b>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date: <u>3/28/23</u>	
Your Name: David H. Ilson	
Manuscript Title:	Perioperative versus total neoadjuvant chemotherapy in gastric cancer

Manuscript number (if known): JGO-23-4-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.) <b>No time limit for this item.</b>	Time frame: Since the initial _XNone	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	XNone	
4	Consulting fees	None	Merck, Astra Zeneca, Bristol Myers Squibb, Astellas, Roche, Taiho, Macrogenics, Bayer, Daiichi Sanko, Lilly

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

Consulting fees

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

Date: <u>3/27/2023</u>	
Your Name: <u>Yelena Janjigian</u>	
Manuscript Title:	
Manuscript number (if known):	

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		Name all entities with whom you	Specifications/Comments
		have this relationship or indicate	(e.g., if payments were made to you or to
		none (add rows as needed)	your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 36 month	IS
2	Grants or contracts from	None	
	any entity (if not indicated	Bayer	
	in item #1 above).	Bristol-Myers Squibb	
		Cycle for Survival	
		Department of Defense	
		Eli Lilly	
		Fred's Team	
		Genentech/Roche	
		Merck	
		NCI	
		RGENIX	
3	Royalties or licenses	X_None	

4	Consulting fees	None	
-		Amerisource Bergen	
		Ask-Gene Pharma, Inc.	
		Arcus Biosciences	
		Astra Zeneca	
		Basilea Pharmaceutica	
		Bayer	
		Bristol-Myers Squibb	
		Daiichi-Sankyo	
		Eli Lilly	
		Geneos Therapeutics	
		GlaxoSmithKline	
		Imedex	
		Imugene	
		Lynx Health	
		Merck	
		Merck Serono	
		Mersana Therapeutics	
		Michael J. Hennessy Associates	
		Paradigm Medical Communications	
		PeerView Institute	
		Pfizer	
		Phanes Therapeutics	
		Research to Practice	
		RGENIX	
		Seagen	
		Silverback Therapeutics	
		Zymeworks Inc.	
5	Payment or honoraria for	None	
	lectures, presentations,	Amerisource Bergen	
	speakers bureaus,	Ask-Gene Pharma, Inc.	
	manuscript writing or	Arcus Biosciences	
	educational events	Astra Zeneca	
		Basilea Pharmaceutica	
		Bayer	
		Bristol-Myers Squibb	
		Daiichi-Sankyo	
		Eli Lilly	
		Geneos Therapeutics	
		GlaxoSmithKline	
		Imedex	
		Imugene	
		Lynx Health	
		Merck	
		Merck Serono	
		Mersana Therapeutics	
		Michael J. Hennessy Associates	
		Paradigm Medical Communications	
		PeerView Institute	
		Pfizer	
		FIIZE	

		Phanes Therapeutics	
		Research to Practice	
		RGENIX	
		Seagen	
		Silverback Therapeutics	
		Zymeworks Inc.	
6	Payment for expert	X_None	
	testimony		
7	Support for attending	_ None	
	meetings and/or travel		
	<b>U</b>	Bristol-Myers Squibb	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	Amerisource Bergen	
	Advisory Board	Ask-Gene Pharma, Inc.	
	. Shoory Dourd	Arcus Biosciences	
		Astra Zeneca	
		Basilea Pharmaceutica	
		Bayer Brittel Myors Squibb	
		Bristol-Myers Squibb	
		Daiichi-Sankyo	
		Eli Lilly	
		Geneos Therapeutics	
		GlaxoSmithKline	
		Imedex	
		Imugene	
		Lynx Health	
		Merck	
		Merck Serono	
		Mersana Therapeutics	
		Michael J. Hennessy Associates	
		Paradigm Medical Communications	
		PeerView Institute	
		Pfizer	
		Phanes Therapeutics	
		Research to Practice	
		RGENIX	
		Seagen	
		Silverback Therapeutics	
		Zymeworks Inc.	
10	Leadership or fiduciary role	X_None	
	in other board, society,		
1	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		RGENIX	

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

None.

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

Date: <u>3/21/23</u>
Your Name: Geoffrey Ku
Manuscript Title: Perioperative versus total neoadjuvant chemotherapy in gastric cancer
Manuscript number (if known): JGO-23-4-CL

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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.) <b>No time limit for this item.</b>	X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past	36 months Adaptimmune, AstraZeneca, BMS, CARsgen, Daiichi Sankyo, Eli Lilly, I-Mab, Merck, Oncolys, Pieris, Zymeworks
3	Royalties or licenses Consulting fees	_XNone None	AstraZeneca, BMS, I-Mab, Merck, Pieris

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Course and fair attain die a	X No.	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	F0		
9	Participation on a Data	None	AstraZeneca, BMS, I-Mab, Merck, Pieris
9	•		ASTI AZENECA, BIVIS, I-IVIAD, IVIETCK, PIETIS
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
14		V Nore	
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		

I have received research funding (institutional) from Adaptimmune, AstraZeneca, BMS, CARsgen, Daiichi Sankyo, Eli Lilly, I-Mab, Merck, Oncolys, Pieris, Zymeworks. I have received consulting fees/been on Ad Boards for AstraZeneca, BMS, I-Mab, Merck, Pieris

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