ICMJE DISCLOSURE FORM

Date:	8/14/2023		
Your Name:	ne:Timothy P. DiPeri MD		
Manuscript Title:	Total Neoadjuvant Therapy for Locally Adva	nced Gastric Cancer: Too Much of A Good Thing?	
Manuscript Number (if k	nown): JGO-23-682		
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 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 autition with whom you have this	Supplifications (Summants (s. s. if no unants uses	

		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	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	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Nih/NCI	T32 Training Grant – funded to MD Anderson (from July 2020 to July 2022)
3	Royalties or licenses	None	

		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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None American Association of Cancer Research	Scholar in Training Award Payments made to me to support travel to the AACR 2022 national conference
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	

		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)
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	
Plea [⊠]	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.		

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ICMJE DISCLOSURE FORM

Date:		8/14/2023		
Your Name:		Jun Gong MD		
Manuscript Title:		Total Neoadjuvant Therapy for Locally Adva	nced Gastric Cancer: Too Much of A Good Thing?	
Manuscript Number (if	known):	JGO-23-682		
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frame for disclosure is t	ine past 50	monuis.		
		l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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Grants or

contracts from any entity (if not indicated in item #1 above).

Royalties or

licenses

None

□ None

		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)
		relationship of indicate none (add rows as needed)	made to you of to your institution;
4	Consulting fees	[□] None	
		EMD Serono	Self
		Pfizer, Inc	Self
		Elsevier	Self
		Exelixis	Self
		QED Therapeutics	Self
		Bayer	Self
		Basilea	Self
		HalioDx	Self
		Janssen	Self
		Aveo	Self
		Seagen	Self
		Taiho	Self
5	Payment or honoraria for	[□] None	
	lectures,		
	presentations,		
	speakers		
	bureaus,		
	manuscript		
	writing or educational		
	events		
6	Payment for	$oxed{oxed}$ None	
	expert testimony		
7	Support for attending	Support for Suppor	
	meetings and/or		
	travel	-	
0	Datants planned	⊠ None	
8	Patents planned, issued or	None	
	pending	Г	
	perialing		
		<u></u>	
9	Participation on	☐ None	
	a Data Safety		
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or	☐ None	
	fiduciary role in	1 1	
	other board,		

		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)
	society, committee or advocacy group, paid or unpaid		
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 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:	8/14/2023
Your Name:	Miguel Burch MD
Manuscript Title:	Total Neoadjuvant Therapy for Locally Advanced Gastric Cancer: Too Much of A Good Thing?
Manuscript Number (if known):	JGO-23-682

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		Time frame: past 36 months	5
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3	Royalties or licenses	None ■	

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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	

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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	
Plea [⊠]	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.		