

ICMJE DISCLOSURE FORM

Date: 8/14/2023

Your Name: Timothy P. DiPeri MD

Manuscript Title: Total Neoadjuvant Therapy for Locally Advanced Gastric Cancer: Too Much of A Good Thing?

Manuscript Number (if known): 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 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 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">NIH/NCI</td> <td style="width: 40%; padding: 2px;">T32 Training Grant – funded to MD Anderson (from July 2020 to July 2022)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	NIH/NCI	T32 Training Grant – funded to MD Anderson (from July 2020 to July 2022)				
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4	Consulting fees	<input checked="" type="checkbox"/> None	
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	<input type="checkbox"/> 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	<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	

		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	<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 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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Date: 8/14/2023

Your Name: Jun Gong 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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		EMD Serono	Self
		Pfizer, Inc	Self
		Elsevier	Self
		Exelixis	Self
		QED Therapeutics	Self
		Bayer	Self
		Basilea	Self
		HaliuDx	Self
		Janssen	Self
		Aveo	Self
		Seagen	Self
Taiho	Self		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	

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	society, committee or advocacy group, paid or unpaid	<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>

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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?

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