

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_

Your Name:     Germán Calderillo Ruiz    

Manuscript Title:     LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORS PROGNOSIS AND OUTCOMES    

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 current manuscript only.

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)
<b>Time frame: Since the initial planning of the work</b>			
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>	<input checked="" type="checkbox"/> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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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 summarize the above conflict of interest in the following box:

I have no conflicts of interest

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.

German Calderillo Ruiz

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ María Consuelo Díaz-Romero \_\_\_\_\_

Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS AND OUTCOMES.

Manuscript number (if known): \_\_\_\_\_

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Consuelo Díaz Romero  
Ret. 3

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_  
 Your Name: Berenice Carbajal-López  
 Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS AND OUTCOMES.  
 Manuscript number (if known): \_\_\_\_\_

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S.

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

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 Berenice Carbajal Lopez.

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_  
 Your Name: Marytere Herrera-Martínez  
 Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS AND OUTCOMES.  
 Manuscript number (if known): \_\_\_\_\_

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I don't have conflict of interest.

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.

Martine Henao Martinez *[Signature]*



## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_

Your Name: Erika Ruiz-García

Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS AND OUTCOMES.

Manuscript number (if known): \_\_\_\_\_

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2.	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3.	Royalties or licenses	<input checked="" type="checkbox"/> None	
4.	Consulting fees	<input checked="" type="checkbox"/> None	

Erika Ruiz-García

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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I have no conflict of interest

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.

Erika Ruiz Goriz

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_  
 Your Name: Alberto M. Leon-Takahashi  
 Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS AND OUTCOMES.  
 Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I don't have conflict of interest  
*Spacy*  
 Dr Alberto Ulises Leon Takedashi

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: \_\_\_\_\_  
 Your Name: Horacio Noé López-Basave  
 Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS AND OUTCOMES.  
 Manuscript number (if known): \_\_\_\_\_

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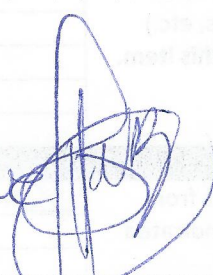
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Non interests conflict  
 Harvardo Noe Lopez Basave



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: \_\_\_\_\_  
 Your Name: Abelardo Meneses-García  
 Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS AND OUTCOMES.  
 Manuscript number (if known): \_\_\_\_\_

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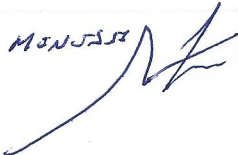
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Please summarize the above conflict of interest in the following box:

*"I DON'T HAVE CONFLICTS OF INTEREST"*

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

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ABE BRDO MANSUR 

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_  
 Your Name: Ángel Herrera Gomez  
 Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS AND OUTCOMES.  
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NOEL HENRI BONES  
