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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	st so months
;3. 35. ≥	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for	XNone
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
5	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
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8	Patents planned, issued or pending	XNone
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	XNone

There no conflicts	of interest	

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

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Geman (alderillo Russian)

Date:
Your Name: María Consuelo Díaz-Romero
Manuscript Title:_ LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST 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.

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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	✓None	
4	Consulting fees	<u>≪</u> None	

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	manuscript writing or educational events		
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Please summarize the above conflict of interest in the following box:

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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.

Consuelo Diaz Romero

Lot 7

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

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	<u></u> ✓ None	
4	Consulting fees	<u></u> None	

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5	Payment or honoraria for lectures, presentations,	None	CHARLES TO
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	The explication of any decision representation of the contract
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Please place an "X" next to the following statement to indicate your agreement:

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Berenice Carbajal Lope 2.

Date:
Your Name:Marytere Herrera-Martínez
Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENOCARCINOMA: WORST PROGNOSIS
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3	Royalties or licenses	_X_None	
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Date:					cancerators and castered
Your Name:E	rika Ruiz-García				
Manuscript Title:_ AND OUTCOMES.		OUNG PATIENTS	WITH GASTR	IC ADENOCAL	RCINOMA: WORST PROGNOSIS
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6	Payment for expert testimony	None
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8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role	None
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11	Stock or stock options	None address at the establishment of the establishm
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None :
13	Other financial or non- financial interests	None
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Please place an "X" next to the following statement to indicate your agreement:

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Date:	and a insert of a section of the sec
Your Name: Alberto M. Leon-Takahashi	
Manuscript Title:_ LATIN AMERICAN YOUNG PATIENTS WITH GASTRIC ADENG AND OUTCOMES.	OCARCINOMA: WORST PROGNOSIS
Manuscript number (if known):	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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4	Consulting fees	None	

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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.

Date:	
Your Name:Horacio Noé López-Basave	
Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GASTI	RIC ADENOCARCINOMA: WORST PROGNOSIS
AND OUTCOMES	
Manuscript number (if known):	

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		Time frame: pas	t 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	

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Date:		Jecoures, presentations
Your Name:	Abelardo Meneses-García	adented conseque
Manuscript Title:	LATIN AMERICAN YOUNG PATIENTS WITH	GASTRIC ADENOCARCINOMA: WORST PROGNOSIS
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations,	None	
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2

Date:	lectures, presentations, ·
Your Name: Ángel Herrera Gomez	August and
Manuscript Title: LATIN AMERICAN YOUNG PATIENTS WITH GAST	RIC ADENOCARCINOMA: WORST PROGNOSIS
AND OUTCOMES	
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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	None	
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13	Other financial or non- financial interests	None	

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