

ICMJE DISCLOSURE FORM

Date: 1/2/24

Your Name: Sonia Gowda

Manuscript Title: Treatment of BRAF V600E Mutant GIST with Dabrafenib: A Case Report

Manuscript number (if known): JGO-23-767

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)
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	
Time frame: past 36 months			
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	

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 checked="" type="checkbox"/> None	
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	
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 summarize the above conflict of interest in the following box:

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: 1/2/24

Your Name: Lyndsey Sandow

Manuscript Title: Treatment of BRAF V600E Mutant GIST with Dabrafenib: A Case Report

Manuscript number (if known): JGO-23-767

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

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ICMJE DISCLOSURE FORM

Date: 12-22-2023
 Your Name: Michael C. Heinrich, M.D.
 Manuscript Title: Treatment of BRAF V600E Mutant GIST with Dabrafenib
 Manuscript number (if known): JGO-23-767

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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.) No time limit for this item.	Partial salary support from the following sources: a research grant from the Jonathan David Foundation, a VA Merit Review Grant (I01BX005358), and from NCI R21 grant (R21CA263400).	Grants to my institution, partial salary support to me
Time frame: past 36 months			
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	__Patent on treatment of GIST with imatinib. Licensed by my institution to Novartis	Royalty payment to my institution, fraction of this distributed to me
4	Consulting fees	Novartis, Deciphera Pharmaceuticals, Blueprint Medicines, Cogent Pharmaceuticals, Cstone Pharmaceuticals, and Theseus Pharmaceuticals, New Bay Pharmaceuticals.	
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	

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

Dr. Michael Heinrich received partial salary support from the following sources: a research grant from the Jonathan David Foundation, a VA Merit Review Grant (I01BX005358), and from NCI R21 grant (R21CA263400).
Dr. Michael Heinrich receives consulting fees from Novartis, Deciphera Pharmaceuticals, Blueprint Medicines, Cogent Pharmaceuticals, Cstone Pharmaceuticals, Theseus Pharmaceuticals, and New Bay Pharmaceuticals. A patient on the treatment of GIST with imatinib was licensed by Dr. Heinrich's institution to Novartis.

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