

ICMJE DISCLOSURE FORM

Date: 4/2/2024
 Your Name: Nipun Verma
 Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer
 Manuscript number (if known): JGO-24-23

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

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:

None.

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.

ICMJE DISCLOSURE FORM

Date: 3/29/24

Your Name: Kimberly Johung

Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer

Manuscript number (if known): JGO-24-23

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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	NCCN	Travel reimbursements
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

I am a member of the NCCN colorectal cancer guidelines panel and NCCN provides reimbursement to travel to meetings at their headquarters to review the guidelines.

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.

ICMJE DISCLOSURE FORM

Date: April-15-2024
 Your Name: Jeremy Kortmansky
 Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer
 Manuscript number (if known): JGO-24-23-CL

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

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:

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.

ICMJE DISCLOSURE FORM

Date: 4/2/2024

Your Name: Wajih Kidwai Zaheer

Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer

Manuscript number (if known): JGO-24-23-CL

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

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:

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: March 29, 2024
 Your Name: Jill Lacy
 Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer
 Manuscript number (if known): JGO-24-23

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>First World, Techspert, Guidepoint,</u>	

		Ipsen, BMS, MarketPlus, Equinox, KeyUwest, FirstWord Group, Genentech, AptitudeHealth, Novartis, Deciphera	
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	_ Ipsen, Genentech, BMS (advisory boards)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ ASCO, Editor SEP	
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	

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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.

ICMJE DISCLOSURE FORM

Date: 3/29/24

Your Name: Michael Cecchini

Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer

Manuscript number (if known): JGO-24-23

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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.	<u>None</u> National Cancer Institute	Dr. Cecchini is supported by a NCI Mentored Clinical Scientist Research Career Development Award (1K08CA255465-01A1).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

E4	Consulting fees	___ None	
		Daichi Sankyo	Honoraria for advisory board.
		Seattle Genetics	Honoraria for advisory board.
		Taiho	Honoraria for advisory board.
		Regeneron	Honoraria for advisory board.
		Agenus	Honoraria for advisory board.
		Elevate Oncology	Honoraria for advisory board.
		Loxo@Lilly	Honoraria for advisory board.
		I-MAB	Honoraria for advisory board.
		Bayer	Honoraria for advisory board.
		MacroGenics	Honoraria for advisory board.
		Incendia Therapeutics	Honoraria for advisory board.
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	

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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.

ICMJE DISCLOSURE FORM

Date: 4/12/2024
 Your Name: Stacey Stein, MD
 Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer
 Manuscript number (if known): JGO-24-23-CL

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

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ICMJE DISCLOSURE FORM

Date: 4/1/2024

Your Name: Yung-Chi Cheng

Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer

Manuscript number (if known): JGO-24-23

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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.	YIV906/KD018/PHY906	1. I am the inventor of YIV-906 (aka PHY906/KD018) for its usage for its usage in cancer treatment. Yale holds the patent. It is licensed to Yiviva which is cofounded with Yale. I did receive funding from the National Foundation of Cancer Research (NFCR) and nominal amount from Yiviva. I received no funding from NIH.
Time frame: past 36 months			
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	____ None	No license fee was given.
4	Consulting fees	Stock options	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	NONE
6	Payment for expert testimony	____ None	NONE
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	YES	New drug discovery patent is being considered with Yale owning the patent
9	Participation on a Data Safety Monitoring Board or Advisory Board	YES	Scientific Advisory Board for Yiviva
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair	Consortium for the Globalization of Chinese Medicine (CGCM)
11	Stock or stock options	Yes	Cofounder of Yiviva options
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:

I am continuing to explore the potential of YIV906's mechanism OF action and what new usages could be. Any novel discovery patents will be filed by Yale and licensed to Yiviva, which is cofounded by Yale and myself. The study is not supported by government funding. It is supported by a grant from the National Foundation of Cancer Research, small funding form Yiviva, and my professorship (Henry Bronson)

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.

ICMJE DISCLOSURE FORM

Date: April-11-2024
 Your Name: Wing Lam
 Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer
 Manuscript number (if known): JGO-24-23-CL

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>Yiviva,inc</u>	Yiviva paid me as a consultant.

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:

<p>I received payments from Yiviva, inc. as a consultant.</p>

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.

ICMJE DISCLOSURE FORM

Date: April 1st, 2024

Your Name: Shwu-Huey Liu

Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer

Manuscript number (if known): JGO-24-23

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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.	Study drug YIV-906/KD018/PHY906	I was the co-inventor of YIV-906 (PHY906/KD018) with Prof. Yung-Chi Cheng of Yale School of Medicine when I was his postdoc. I was the employee of Phytoceutica Inc. who licensed the world-wide right of YIV-906 from Yale between 1999-2009, and the consultant for Kadmon from 2011-2013 when Kadmon licensed YIV-906. I am the employee and co-founder of Yiviva Inc. who has owned the world-wide license right of YIV-906 from Yale University since 2017.
Time frame: past 36 months			
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	Yale University	Co-inventor of YIV-906
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	Yiviva Inc.	Employee of Yiviva
8	Patents planned, issued or pending	Yale University	Co-inventor of YIV-906 issued patents
		Yiviva Inc.	
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	Yiviva Inc.	Co-founder and employee
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:

I am the co-inventor of YIV-906 patents that Yale University is the patent applicant. I am the Co-founder and employee of Yiviva Inc. who has licensed the YIV-906 world-wide right from Yale University.

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.

ICMJE DISCLOSURE FORM

Date: April-15-2024
 Your Name: Vikram Reddy
 Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer
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4	Consulting fees	<u>None</u>	

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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“X” 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: April-15-2024
 Your Name: Howard Hochster
 Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer
 Manuscript number (if known): JGO-24-23-CL

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ICMJE DISCLOSURE FORM

Date: 4/2/2024
 Your Name: Susan Higgins
 Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation Therapy in Patients with Locally Advanced Rectal Cancer
 Manuscript number (if known): JGO-24-23

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