

Journal of Clinical Oncology Author Disclosure Declaration

Manuscript number: _____ Author Name (please print): _____

Manuscript title: _____

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NOTE. "Family member" is defined as someone with whom you have a relationship involving the sharing of income or assets.

1. Employment (commercial firms)

Check yes if you or a family member are employed by any entity having an investment, licensing, or other commercial interest in any drugs, products, or services that are the subject of the matter under consideration.

- Yes, I have employment relationships to disclose.*
- No, I have no employment relationships to disclose.*

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2. Leadership Position, Other Than Employment (commercial firms)

Check yes if you or a family member serve as an officer or board director of any entity having an investment, licensing, or other commercial interest in any drugs, products, or services that are the subject of the matter under consideration.

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 No, I have no leadership relationships to disclose.

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3. Consultant or Advisory Role

Check yes if you or a family member have served as a consultant or advisor within the last 2 years to an entity having an investment, licensing, or other commercial interest in any drugs, goods, or services that are the subject of the matter under consideration.

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 No, I have no consultant or advisor relationships to disclose.

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Check yes if you or a family member have any ownership interest in a start-up company, the stock of which is not publicly traded, or in any publicly traded company (except when invested in a diversified fund not controlled by you or an immediate family member) in an entity having an investment, licensing, or other commercial interest in any drugs, goods, or services that are the subject of the matter under consideration.

- Yes, I have stock holdings to disclose.
 No, I have no stock holdings to disclose.

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5. Honoraria

Check yes if honoraria have been paid directly to you or a family member within the last 2 years by an entity having an investment, licensing, or other commercial interest in any drugs, goods, or services that are the subject of the matter under consideration. Honoraria paid by independent institutions or organizations, such as ASCO, financially supported by the entity with a commercial interest do not have to be declared if the institution or organization selection process was independent of the financial support.

- Yes, I have honoraria to disclose.
- No, I have no honoraria to disclose.

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6. Research Funding

Check yes if you, a family member or your institution have received payment in connection with the conduct of the clinical research projects in question provided by the trial sponsor or agents employed by the sponsor.

- Yes, I have research funding to disclose.
- No, I have no research funding to disclose.

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7. Expert Testimony

Check yes if you or a family member have provided expert testimony in a legal or regulatory setting, such as a malpractice case or FDA hearing, relating to the drugs, products, or services that are the subject of the matter under consideration.

- Yes, I have expert testimony to disclose.
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8. Other Remuneration

Check yes if you or a family member received trips, travel, gifts, or other in-kind payments not directly related to research activities that totaled more than \$100 and were received within the last 2 years from an entity having an investment, licensing, or other commercial interest in the drugs, products, or services that are the subject of the matter under consideration or from an entity having an investment, licensing, or other commercial interest in the drugs, products, or services that compete with any of the drugs, products, or services that are the subject of the matter under consideration. Excluded from this disclosure are research-related cost and travel.

- Yes, I have other compensation to disclose.
- No, I have no other compensation to disclose.

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Principal Investigator

Are you the principal investigator for this report?

- Yes, I AM the principal investigator.
- No, I am NOT the principal investigator.

I confirm that the information reported is accurate. I understand that, where appropriate, this information may be disclosed publicly. I further understand that the American Society of Clinical Oncology reserves the right to decline to publish my work if the Society believes a significant conflict of interest exists. Furthermore, I understand that failure to complete this disclosure declaration will disqualify me from submitting my manuscript to the *Journal of Clinical Oncology*.

Signature: _____ Date: _____

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