

ICMJE DISCLOSURE FORM

Date: 4/30/24
 Your Name: Christopher Cann
 Manuscript Title: Transverse Colon Cancer: A Call for Focused Research in an Understudied Heterogenous Disease
 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)
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.	___ None	
Time frame: past 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	___ Taiho Pharmaceutical, Targeted Oncology, Curio Science	Payments made to me personally
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	___ PRECISCA	Payments made to me personally
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ Taiho Pharmaceutical	Payments made to me personally
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:

My conflict of interest is limited to payment for consulting and advisory board participation with Taiho Pharmaceutical, and consulting payments from Targeted Oncology, Curio Science. I also report travel expenses paid by PRECISCA to their annual conference.

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: 04/30/24
 Your Name: Efrat Dotan, MD
 Manuscript Title: Transverse Colon Cancer: A Call for Focused Research in an Understudied Heterogenous Disease
 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: 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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Ely Lilly, Pfizer	Research grant support paid to institution
		Astrazeneca, Zymeworks, Lutris, Leap Therapeutics, Relay, Dragonfly, NGM therapeutics, Incyte, Kinate, Gilead, Ipsen	Clinical trial support paid to institution
3	Royalties or licenses	None	

4	Consulting fees	Agenus, Amgen, Olympus, Incyte, Taiho, Helsinn, G1 therapeutics	Personal payments
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pfizer	
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	___ Agenus, Amgen, Olympus, Incyte, Taiho, Helsinn, G1 therapeutics	Personal Payments
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:

Over the last 36 months I received grant support and support for clinical trial conduct paid to my institution from: Ely Lilly, Pfizer, Astrazeneca, Zymeworks, Lutris, Leap Therapeutics, Relay, Dragonfly, NGM therapeutics, Incyte, Kinate, Gilead and Ipsen. I received honoraria for lecture from Pfizer. I receive payment for advisory board participation from: Agenus, Amgen, Olympus, Incyte, Taiho, Helsinn, G1 therapeutics.

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.