

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Andrew

2. Surname (Last Name)

Hsu

3. Date

06-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Khaldoun Almhanna

5. Manuscript Title

Treatment for Metastatic Adenocarcinoma of the Stomach and Gastro-Esophageal Junction: 2020

6. Manuscript Identifying Number (if you know it)

ATM-2020-GC-01(ATM-20-1159)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Hsu has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

Adam

2. Surname (Last Name)

Zayac

3. Date

06-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Khaldoun Almhanna

5. Manuscript Title

Treatment for Metastatic Adenocarcinoma of the Stomach and Gastro-Esophageal Junction: 2020

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Dr. Zayac has nothing to disclose.

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1. Given Name (First Name)

Aditya

2. Surname (Last Name)

Eturi

3. Date

06-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Khaldoun Almhanna

5. Manuscript Title

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1. Given Name (First Name)  
Khalidoun

2. Surname (Last Name)  
Almhanna

3. Date  
06-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Treatment for Metastatic Adenocarcinoma of the Stomach and Gastro-Esophageal Junction: 2020

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee

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Dr. Almhanna reports personal fees from Merck , outside the submitted work; .

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