ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
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<tr>
<td>Paul</td>
<td>DiSilvestro</td>
<td>10-August-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)  
   18-13181

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

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   - Yes  
   - No  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔ No
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Dr. DiSilvestro has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Virginia

2. **Surname (Last Name)**
   - Filiaci

3. **Date**
   - 21-August-2018

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. **Manuscript Identifying Number (if you know it)**
   - 18-13181

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ✔ Yes  ❌ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

[ ] Yes  [✓] No

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Dr. Filiaci reports grants from National Cancer Institute, National Institutes of Health during the conduct of the study; grants from GOG Foundation, Inc. outside the submitted work.

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Huang
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Helen

2. **Surname (Last Name)**
   - Huang

3. **Date**
   - 20-September-2018

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [X]

   **Corresponding Author’s Name**
   - Daniela Matei

5. **Manuscript Title**
   - Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. **Manuscript Identifying Number (if you know it)**
   - 18-13181

## Section 2. The Work Under Consideration for Publication

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Ms. Huang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yong-Man
2. Surname (Last Name) Kim
3. Date 23-August-2018
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name
   Daniela Matei
5. Manuscript Title
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer
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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Daniela
2. Surname (Last Name)  Matei
3. Date  04-March-2019
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title  Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer
6. Manuscript Identifying Number (if you know it)  18-13181

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Are there any relevant conflicts of interest?  ✔ Yes  No

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<td>Reviewer, consultant fee and travel to event.</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes  ✔ No

Section 5. Relationships not covered above

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Dr. Matei reports personal fees and non-financial support from Genentech, personal fees and non-financial support from AstraZeneca, personal fees from Tesaro, personal fees and non-financial support from Clovis, personal fees and non-financial support from Astex Inc, personal fees and non-financial support from European Commission, outside the submitted work; .

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Matulonis
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Ursula

2. Surname (Last Name)  
Matulonis

3. Date  
04-March-2019

4. Are you the corresponding author?  
[ ] Yes  [✓] No  
Corresponding Author’s Name  
Daniela Matei

5. Manuscript Title  
Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)  
18-13181

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
[ ] Yes  [✓] No

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[✓] Yes  [ ] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔️ No

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Dr. Matulonis reports personal fees from AstraZeneca, personal fees from Myriad Genetics, personal fees from Clovis, personal fees from Merck, personal fees from Eli Lilly, personal fees from Mersana, personal fees from Geneos, personal fees from Fuji Film, other from 2X Oncology, personal fees from Cerulean, personal fees from Immunogen, outside the submitted work; .

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3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.
6. Definitions.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  David
2. Surname (Last Name)  Miller
3. Date  21-September-2018
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Daniela Matei

5. Manuscript Title
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)
   18-13181

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No  ✔

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Katherine

2. Surname (Last Name)  
   Moxley

3. Date  
   14-August-2018

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Daniela Matei

5. Manuscript Title  
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)  
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Dr. Moxley has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  David
2. Surname (Last Name)  Mutch
3. Date  13-August-2018
4. Are you the corresponding author?  Yes  ✔  No
Corresponding Author’s Name  Daniela Matei
5. Manuscript Title  Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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4. Are you the corresponding author?  
   - Yes  
   - No ✔

5. Manuscript Title  
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)  
   18-13181

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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   - No ✔

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   - Yes  
   - No ✔

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No ✔
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Nakayama has nothing to disclose.

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O'Malley
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   O’Malley

3. Date  
   21-September-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name  
   Daniela Matei

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Are there any relevant conflicts of interest?  
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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O'Malley
Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

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Dr. O’Malley reports grants from NCI during the conduct of the study; personal fees and other from AstraZeneca, personal fees and other from Clovis, personal fees and other from Tesaro, personal fees and other from Immunogen, personal fees from Ambyr, personal fees and other from Janssen/J&J, personal fees and other from AbbVie, personal fees and other from Regeneron, personal fees and other from Amgen, personal fees from NovoCure, personal fees and other from Genentech/Roche, other from VentiRx, other from Array Biopharma, other from EMD Serono, other from Ergomed, other from Ajinomoto Inc., other from Ludwig Cancer Research, other from Stemcentrx, Inc, other from Cerulean Pharma, other from GOG Group, other from Bristol-Myers Squibb Co, other from Serono Inc, other from TRACON Pharmaceuticals, other from Yale University, other from New Mexico Cancer Care Alliance, other from INC Research, Inc, other from inVentiv Health Clinical, other from Iovance Biotherapeutics, Inc, other from PRA Intl, outside the submitted work.

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1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Powell

3. Date  
   10-March-2019

4. Are you the corresponding author?  
   Yes ☑️ No ☐

   Corresponding Author’s Name  
   Daniela Matei

5. Manuscript Title  
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Dr. Powell reports personal fees from Merck, personal fees from Tesaro, personal fees from Clovis Oncology, personal fees from AstraZeneca, personal fees from Roche/Genentech, outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Marcus</td>
<td>Randall</td>
<td>07-November-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  ☑️  No

5. Manuscript Title  
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)  
   18-13181

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   - Yes  ☑️  No

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Are there any relevant conflicts of interest?  
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  ☑️  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Randall has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Richards

3. Date  
   15-August-2018

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author's Name  
   Daniela Matei

5. Manuscript Title  
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)  
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## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest?  
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Dr. Richards has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Small, Jr.

3. Date  
   22-August-2018

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Daniela Matei

5. Manuscript Title  
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)  
   18-13181

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ✔ Yes  □ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<tbody>
<tr>
<td>NRG Oncology</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>I am the co-chair of the NRG GYN Committee and receive salary support for that position that is forwarded to my institution</td>
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</tbody>
</table>

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Dr. Small, Jr. reports other from NRG Oncology during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nicola
2. Surname (Last Name) Spirtos
3. Date 17-August-2018
4. Are you the corresponding author? Yes ☐ No ✔

Corresponding Author’s Name
Daniela Matei

5. Manuscript Title
Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)
18-13181

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes ☐ No ✔

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ✔
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Dr. Spirtos has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Margaret

2. Surname (Last Name)  
Steinhoff

3. Date  
27-September-2018

4. Are you the corresponding author?  
Yes ✔ No

5. Manuscript Title  
Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Dr. Steinhoff has nothing to disclose.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Krishnansu
2. Surname (Last Name) Tewari
3. Date 21-September-2018
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name
   Daniela Matei
5. Manuscript Title
   Adjuvant Chemotherapy/Radiation for Locally Advanced Endometrial Cancer
6. Manuscript Identifying Number (if you know it)
   18-13181

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes ☐ No ☑

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? Yes ☑ No ☐

If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):
☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tewari reports grants and personal fees from Genentech/Roche, personal fees from Tesaro, personal fees from Clovis, personal fees from Regeneron, outside the submitted work.

Evaluation and Feedback
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.