

**Journal of Clinical Oncology Author Disclosure Declaration**  
**(For Submissions NOT Reporting on Clinical Trials)**

Manuscript Title: \_\_\_\_\_

Author: \_\_\_\_\_ Manuscript No. JCO/\_\_\_\_\_

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**Each author should complete and return this form to the corresponding author.**

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All authors are expected to answer each question below to disclose any relationships with commercial entities that may have a direct bearing on the relevant subject matter. Each author should complete and return this form to the corresponding author. Disclosures should be entered on-line (<http://submit.jco.org>) at the time of submission by the corresponding author. The corresponding author is encouraged to keep completed forms on file for future reference.

**1. Employment or Leadership Position**

Check yes if you or an immediate family member currently holds any full-time or part-time employment or service as an officer or board member for an entity having an investment, licensing, or other commercial interest in the subject matter under consideration in your manuscript.

**Yes, I have an employment or leadership position to disclose.**

Name of Entity: \_\_\_\_\_

Title or role held: \_\_\_\_\_

Select one:  Myself                       Immediate Family Member

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Select one:  Myself                       Immediate Family Member

Select one:  Compensated               Uncompensated

Name of Entity: \_\_\_\_\_

Title or role held: \_\_\_\_\_

Select one:  Myself                       Immediate Family Member

Select one:  Compensated               Uncompensated

**No, I do not have an employment or leadership position to disclose.**

## **2. Consultant or Advisory Role**

Check yes if you or an immediate family member holds or has held any consultant or advisory arrangements with an entity having an investment, licensing, or other commercial interest in the subject matter under consideration in your manuscript, for which services were performed, or for which payment was made, during the past two years.

**Yes, I have a consultant or advisory relationship to disclose.**

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Name of Entity: \_\_\_\_\_

Select one:  Myself  Immediate Family Member

Select one:  Compensated  Uncompensated

Name of Entity: \_\_\_\_\_

Select one:  Myself  Immediate Family Member

Select one:  Compensated  Uncompensated

**No, I do not have a consultant or advisory relationship to disclose.**

## **3. Stock Ownership**

Check yes if you or an immediate family member currently holds any ownership interest in any company (publicly traded or privately held) that has an investment, licensing, or other commercial interest in the subject matter under consideration in your manuscript. You do not have to disclose ownership in diversified funds that are not controlled by you or an immediate family member.

**Yes, I have stock or other ownership interests to disclose.**

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Name of Entity: \_\_\_\_\_

Select one:  Myself  Immediate Family Member

Name of Entity: \_\_\_\_\_

Select one:  Myself  Immediate Family Member

**No, I do not have stock or other ownership interests to disclose.**

## **4. Honoraria**

Check yes if you or an immediate family member has been paid directly any honoraria (reasonable payments for specific speeches, seminar presentations, or appearances) during the past two years by an entity that has an investment, licensing, or other commercial interest in the subject matter under consideration in your manuscript.

**4. Honoraria (continued)**

**Yes, I have honoraria to disclose.**

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Name of Entity: \_\_\_\_\_

Select one:  Myself     Immediate Family Member

Name of Entity: \_\_\_\_\_

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**No, I do not have honoraria to disclose.**

**5. Research Funding**

Check yes if you or an immediate family member currently conducts any clinical research project(s) funded, in whole or in part, by an entity that has an investment, licensing or other commercial interest in the subject matter under consideration in your manuscript.

**Yes, I have research funding to disclose.**

Name of Entity or other sponsor: \_\_\_\_\_

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Name of Entity or other sponsor: \_\_\_\_\_

Select one:  Myself     Immediate Family Member

Name of Entity or other sponsor: \_\_\_\_\_

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**No, I do not have research funding to disclose.**

**6. Expert Testimony**

Check yes if you or an immediate family member has provided expert testimony during the past two years where the testimony given relates to the subject matter under consideration in your manuscript.

**Yes, I have expert testimony to disclose.**

Name of party on behalf of whom testimony was provided:

\_\_\_\_\_  
Select one:  Myself                       Immediate Family Member

Select one:  Compensated     Uncompensated

**6. Expert Testimony (continued)**

Name of party on behalf of whom testimony was provided:

\_\_\_\_\_  
Select one:  Myself                       Immediate Family Member  
Select one:  Compensated             Uncompensated

Name of party on behalf of whom testimony was provided:

\_\_\_\_\_  
Select one:  Myself                       Immediate Family Member  
Select one:  Compensated             Uncompensated

**No, I do not have expert testimony to disclose.**

**7. Other Remuneration**

Check yes if you or an immediate family member has received any trips, travel, gifts, or other in-kind payments during the past two years from an entity having an investment, licensing, or other commercial interest in the subject matter under consideration in your manuscript. You do not have to disclose payments that are directly related to research.

**Yes, I have other remuneration to disclose.**

Name of Entity: \_\_\_\_\_

Select one:  Myself     Immediate Family Member

Name of Entity: \_\_\_\_\_

Select one:  Myself     Immediate Family Member

Name of Entity: \_\_\_\_\_

Select one:  Myself     Immediate Family Member

**No, I do not have other remuneration to disclose.**

**8. Principal Investigator**

Are you the principal investigator for this report?

Yes, I AM the principal investigator.

No, I am NOT the principal investigator.

By completing this form, 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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## Journal of Clinical Oncology Author Contribution Form

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Contributions must be substantive in order to justify authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. All other contributors, who do not meet sufficient criteria for authorship, should instead be noted in the Acknowledgements section. Corresponding authors are responsible for ensuring that all authors have seen and approved the final manuscript prior to submission.

Every submission must include the Author Contribution Form. As part of the online submission process, the corresponding author must submit this form on behalf of every author. We recommend, therefore, that each author complete this form and forward it to the corresponding author before the formal online submission.

Please indicate your contribution(s) to the manuscript.

- Conception and design
- Financial support
- Administrative support
- Provision of study material or patients
- Collection and assembly of data
- Data analysis and interpretation
- Manuscript writing
- Final approval of manuscript