

**Journal of Clinical Oncology Author Disclosure Declaration
(For Submissions 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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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

Select one: Compensated Uncompensated

Name of Entity: _____

Title or role held: _____

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, at any point from two years prior to trial accrual through the present.

2. Consultant or Advisory Role (continued)

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

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

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 entity (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.

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 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) at any point from two years prior to trial accrual through the present by an entity that has an investment, licensing, or other commercial interest in the subject matter under consideration in your manuscript.

Yes, I have honoraria 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 honoraria to disclose.

5. Research Funding

Check yes if at any time, beginning two years prior to accrual through the present, you or an immediate family member conducted any research funded by the sponsor of any trial related to the subject matter under consideration in your manuscript.

Yes, I have research funding to disclose.

Name of Entity or other sponsor: _____

Select one: Myself Immediate Family Member

Name of Entity or other sponsor: _____

Select one: Myself Immediate Family Member

Name of Entity or other sponsor: _____

Select one: Myself Immediate Family Member

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 at any point from two years prior to trial accrual through the present 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

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 at any point from two years prior to trial accrual through the present 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

7. Other Remuneration (continued)

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.

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Journal of Clinical Oncology Author Contribution Form

Manuscript Title: _____

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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