

COAUTHOR DISCLOSURE FORM: ABSTRACTS THAT DO NOT REPORT ON CLINICAL TRIALS

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COAUTHOR NAME

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 abstract.

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

Name of entity: _____

Title or role held: _____

Select one: Employment Leadership

Select one: Myself Immediate Family Member

Select one: Compensated Uncompensated

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

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 abstract, 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.

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.

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 abstract. 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

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

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 abstract.

Yes, I have honoraria to disclose.

Name of entity: _____

Select one: Myself Immediate Family Member

No, I do not have honoraria to disclose.

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 abstract.

Yes, I have research funding to disclose.

Name of entity: _____

Select one: Myself Immediate Family Member

No, I do not have research funding to disclose.

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 abstract.

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

No, I do not have expert testimony to disclose.

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 abstract. 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

No, I do not have other remuneration to disclose.