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**NAME:** \_\_\_\_\_

### 1. EMPLOYMENT

Have you or an immediate family member been employed by any for-profit health care company currently or during the past 2 years?

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member

No

### 2. LEADERSHIP

Have you or an immediate family member been compensated for a leadership role (such as officer or member of a board of directors) in any for-profit health care company, currently or during the past 2 years?

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 3. STOCK OR OTHER OWNERSHIP

Have you or an immediate family member owned stock or held an ownership interest in any for-profit health care company (publicly traded or privately held), currently or during the past 2 years?

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 4. HONORARIA

Have you or an immediate family member been paid honoraria directly by any for-profit health care company, currently or during the past 2 years? You do not need to disclose honoraria for certified Continuing Education.

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 5. CONSULTING OR ADVISORY ROLE

Have you or an immediate family member been paid for any consulting or advisory role by any for-profit health care company, currently or during the past 2 years? You do not need to disclose an uncompensated consulting or advisory role.

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 6. SPEAKERS' BUREAU

Have you or an immediate family member been paid to participate in a speakers' bureau for any for-profit health care company, currently or during the past 2 years?

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 7. RESEARCH FUNDING

Have you or an immediate family member conducted any research project funded, in whole or in part, by any for-profit health care company, currently or during the past 2 years? Disclose research funding if: research payments are/ were made directly from the for-profit health care company to the individual, if the individual's salary is supported (in whole or part) through the research funding, if the individual is/was the national or overall principal investigator, if the individual has a role as a regulatory principal investigator, if the individual is a site principal investigator, or if the individual is a member of a steering committee of a study that does not have a principal investigator. You do not need to disclose funding from NIH or a non-profit foundation.

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 8. PATENTS, ROYALTIES, OTHER INTELLECTUAL PROPERTY

Do you or an immediate family member hold patents, have patents pending, receive royalties, participate in royalty sharing agreements, or have other intellectual property interests from a discovery or technology relating to health or medicine, currently or during the past 2 years?

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 9. EXPERT TESTIMONY

Have you or an immediate family member been paid to provide expert testimony on behalf of any for-profit health care company, currently or during the past 2 years?

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 10. TRAVEL, ACCOMMODATIONS, EXPENSES

Have you or an immediate family member had travel, accommodations, or other expenses paid or reimbursed by any for-profit health care company, currently or during the past 2 years? You do not need to disclose travel, accommodations, or expenses that were part of roles or activities you have already disclosed above.

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

### 11. OTHER RELATIONSHIP

Have you or an immediate family member had another relationship, role, activity, or interest, currently or during the past 2 years, that could be perceived to influence your work or your professional activities? Disclosure is encouraged.

Yes

Company: \_\_\_\_\_

Recipient:  You  Immediate Family Member  Your Institution

No

## 12. (OPTIONAL) UNCOMPENSATED RELATIONSHIPS

Have you had any unpaid relationship, role or activity with any for-profit health care company or organization, currently or during the past 2 years, that could be perceived to influence your work or professional activities?

**Yes**

Company:  
Recipient:    You            Immediate Family Member            Your Institution

**No**

## 13. (OPTIONAL) OPEN PAYMENTS LINK

Open Payments is a US government database of information reported by pharmaceutical companies about payments and other transfers of value made to US-licensed physicians. ASCO will publish your Open Payments link beneath your disclosure if you choose to provide your link.

**Yes**

**Open Payments URL:**

**No**

## (OPTIONAL) ADDITIONAL INFORMATION