

Journal of Oncology Practice

Author Disclosure Declaration

Manuscript number (if a resubmission):

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The intent of this policy is not to prevent authors with these relationships from publishing their work. It is merely intended that any potential relationships be identified openly so the Editors and peer reviewers may make informed decisions about submitted manuscripts and so the readers may form their own judgments about the publication with the full disclosure of the facts. It remains for readers to determine whether the authors' outside interests reflect a possible bias in the conclusions presented. JOP also requires all Editors and reviewers to make similar disclosures.

For all disclosures, fill all sections and sign the last page (attach additional sheets as needed). **Please spell out all acronyms.**

Note: "Family member" is defined as someone with whom you have a relationship involving the sharing of income or assets.

1. Employment (Commercial Firms):

Check yes if you or a family member is employed by any entity having an investment, licensing, or other commercial interest in any drugs, products, or services that are the subject of the matter under consideration.

- Yes, I have employment relationships to disclose.**
- No, I have no employment relationships to disclose.**

Company # 1: _____

Company # 2: _____

Company # 3: _____

2. Leadership Position, other than Employment (Commercial Firms):

Check yes if you or a family member serves as an officer or board director of any entity having an investment, licensing, or other commercial interest in any drugs, products, or services that are the subject of the matter under consideration.

- Yes, I have leadership relationships to disclose.**
- No, I have no leadership relationships to disclose.**

Company # 1: _____

Company # 2: _____

Company # 3: _____

3. Consultant or Advisory Role:

Check yes if you or a family member has served as a consultant or advisor within the past two years to an entity having an investment, licensing, or other commercial interest in any drugs, goods, or services that are the subject of the matter under consideration.

- Yes, I have consultant or advisor relationships to disclose.**
- No, I have no consultant or advisor relationships to disclose.**

Company # 1: _____

Company # 2: _____

Company # 3: _____

4. Stock Ownership:

Check yes if you or a family member has any ownership interest in a start-up company, the stock of which is not publicly traded, or in any publicly traded company (except when invested in a diversified fund not controlled by you or an immediate family member) in an entity having an investment, licensing, or other commercial interest in any drugs, goods, or services that are the subject of the matter under consideration.

- Yes, I have stock holdings to disclose.**
- No, I have no stock holdings to disclose.**

Company # 1: _____

Company # 2: _____

Company # 3: _____

5. Honoraria:

Check yes if honoraria have been paid directly to you or a family member within the last two years by an entity having an investment, licensing, or other commercial interest in any drugs, goods, or services that are the subject of the matter under consideration. Honoraria paid by independent institutions or organizations, such as ASCO, financially supported by the entity with a commercial interest, do not have to be declared if the institution or organization selection process was independent of the financial support.

- Yes, I have honoraria to disclose.**
- No, I have no honoraria to disclose.**

Company # 1: _____

Company # 2: _____

Company # 3: _____

6. Research Funding:

Check yes if you or a family member has received payments in connection with the conduct of the clinical research projects in question provided by the trial sponsor or agents employed by the sponsor.

- Yes, I have research funding to disclose.**
- No, I have no research funding to disclose.**

Company # 1: _____

Company # 2: _____

Company # 3: _____

7. Expert Testimony:

Check yes if you or a family member has provided expert testimony in a legal or regulatory setting, such as a malpractice case or FDA hearing, relating to the drugs, products, or services that are the subject of the matter under consideration.

- Yes, I have expert testimony to disclose.**
- No, I have no expert testimony to disclose.**

Company # 1: _____

Company # 2: _____

Company # 3: _____

8. Other Remuneration:

Check yes if you or a family member received trips, travel, gifts, or other in-kind payments not directly related to research activities that totaled more than \$100 and were received within the past two years from an entity having an investment, licensing, or other commercial interest in the drugs, products, or services that are the subject of the matter under consideration or from an entity having an investment, licensing, or other commercial interest in the drugs, products, or services that compete with any of the drugs, products, or services that are the subject of the matter under consideration (excluded from this disclosure are research-related cost and travel).

- Yes, I have other compensation to disclose.**
- No, I have no other compensation to disclose.**

Company # 1: _____

Company # 2: _____

Company # 3: _____

Principal Investigator

Are you the principal investigator for this report?

- Yes, I AM the principal investigator.**
- No, I am NOT the principal investigator.**

I confirm that the information reported is accurate. I understand that, where appropriate, this information may be disclosed publicly. I further understand that ASCO 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 JOP.

Signature: _____ Date: _____

Print Name: _____

*Signing on behalf of (please print): _____

* Only complete this line if you are the Corresponding Author signing this Author Disclosure Declaration on behalf of another author on the paper.

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