ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Identifying information.**

2. **The work under consideration for publication.**
   
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Mikael</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Wallander</td>
</tr>
<tr>
<td>3. Date</td>
<td>06-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author's Name
Dr Nils Elander

5. Manuscript Title
Real World Aspects of Palliative Trifluridine plus Tiperacil (TAS-102) in Refractory Metastatic Colorectal Cancer

6. Manuscript Identifying Number (if you know it)
JGO-20-43

## Section 2. The Work Under Consideration for Publication

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## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication. Are there any relevant conflicts of interest? □ Yes ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ✔ No
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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wallander has nothing to disclose.

### Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Bo

2. Surname (Last Name)  
   Rolander

3. Date  
   07-May-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Nils O Elander

5. Manuscript Title  
   Real World Outcome of Trifluridine plus Tiperacil (TAS-102) Chemotherapy for Refractory Metastatic Colorectal Cancer.

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Elisabeth
2. Surname (Last Name) Åvall-Lundqvist
3. Date 06-May-2020
4. Are you the corresponding author? ☑ Yes ☐ No
Corresponding Author’s Name
Nils Elander
5. Manuscript Title
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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Åvall-Lundqvist reports other from Roche, other from Astra Zeneca, other from Tesario, other from Clovis Oncology, other from Genmab, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  Nils
2. Surname (Last Name)  Elander
3. Date  06-May-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Real World Aspects of Palliative Trifluridine plus Tiperacil (TAS-102) in Refractory Metastatic Colorectal Cancer

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