

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mikael

2. Surname (Last Name)

Wallander

3. Date

06-May-2020

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

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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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?

Yes 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nils Elander
5. Manuscript Title Real World outcome of Trifluridine plus Tiperacil (TAS-102) chemotherapy for Refractory Metastatic Colorectal Cancer		
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorarium
Astra Zeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board
Tesario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board
Clovis Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board
Genmab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board

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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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Nils

2. Surname (Last Name)

Elander

3. Date

06-May-2020

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Yes No

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