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NAME: Karina Senyase Zamarripa Martinez

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

*Any information provided in these two optional categories will not be published along with articles and abstracts until at least the beginning of calendar year 2020.

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