Ancillary Information Conflicts of Interest Disclosure Form
Relating to PCORI-Funded Research Project

All fields are required.  

Contract Number: CE-1304-6855

1. Name of Recipient (Awardee Institution):
   Alliance for Clinical Trials in Oncology

2. Name of PCORI-Funded Research Project:
   Patient-centered, risk-stratified surveillance after curative resection of colorectal cancer

3. Names and Institutions of Principal Investigator (PI) and Key Personnel:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Role:</th>
<th>Recipient (Awardee Institution):</th>
</tr>
</thead>
<tbody>
<tr>
<td>George J. Chang</td>
<td>Principal Investigator</td>
<td>Alliance for Clinical Trials in Oncology</td>
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<tr>
<th>Key Personnel Name:</th>
<th>Institution:</th>
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<tbody>
<tr>
<td>Katherine Van Loon</td>
<td>University of California at San Francisco</td>
</tr>
<tr>
<td>Deborah Schrag</td>
<td>Dana Farber Cancer Institute</td>
</tr>
<tr>
<td>Y. Nancy You</td>
<td>MD Anderson Cancer Center</td>
</tr>
<tr>
<td>Robert Volk</td>
<td>MD Anderson Cancer Center</td>
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4. Does Recipient have a Conflicts of Interest Policy or Guidelines that meets the requirements of the federal financial conflicts of interest regulations of the US Public Health Service (http://grants.nih.gov/grants/policy/COI/) that it applies to PCORI-funded research?

☒ YES  ☐ NO (See Question 5)

5. If you checked “No,” Recipient must provide information describing how Recipient will ensure that the PCORI-Funded Research Project is not influenced by conflicts of interest.

Ancillary information/COI Disclosure Research Project Form Revised July 24, 2017
8. If Recipient has any additional material information relating to disclosures or management of conflicts of interest, or other protections against bias pertinent to the PCORI-Funded Research Project, please describe it here. Print “None” if there is no additional material information as described above.

None

The undersigned certify that the above information is complete and true to the best of their knowledge and understand that this completed form, with these disclosures, will be made publicly available by PCORI in conjunction with the research findings relating to the Research Project. Both the Administrative Official and Principal Investigator must complete and sign one form.

Administrative Official:

Signed: [Signature]

Print Name: Denise M. Brennan

Title: Treasurer

Date: 2/9/2018

Principal Investigator:

Signed: [Signature]

Print Name: George Chang, MD, MS

Title: Professor

Date: 2/5/2018

Aurillary information/COI Disclosure Research Project Form Revised July 24, 2017