

ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Ma. Veronica Pia N. Arevalo

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Janine Patricia G. Robredo

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Sary Valenzuela

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Frances Dominique Velasco Ho

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Nicole Rose I. Alberto

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Isabelle Rose I. Alberto

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Madeleine Nicole G. Bernardo

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Katherine Donatela Manlongat

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Ann Meredith U. Garcia

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	AstraZeneca	
		Boehringer Ingelheim	
		Janssen	
		MSD	
		Pfizer	
		Roche	
		Sandoz	
		Unilab	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Amgen	Advisory Board
		Eli Lilly	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Please summarize the above conflict of interest in the following box:

AMG serves on the advisory board of Amgen and Eli Lilly and has received honoraria for lectures from AstraZeneca, Boehringer Ingelheim, Janssen, MSD, Pfizer, Roche, Sandoz, and Unilab.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Jaime Z. Galvez Tan

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	University of the Philippines Manila	All payments paid to me. Speaking engagement topics covered traditional medicine, health and wellness, natural medicines, lifestyle tourism, and research resource mobilization
		University of the Philippines Diliman Tri-College Ph.D. Philippine Studies Program	
		National Academy of Science and Technology (NAST)	
		Philippine Academy of Acupuncture, Inc. (PAAI)	
		Department of Science and Technology—Philippine Council for Health Research and Development (DOST-PCHRD)	
		International School of Sustainable Tourism	
		Oceana Philippines	
		SM Development Corporation	
		Menarco Development Corporation	
		Impact Hub Manila	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13		X None	

Other financial or non-financial interests		

Please summarize the above conflict of interest in the following box:

JZGT has received honoraria for speaking engagements on traditional medicine, health and wellness, natural medicines, lifestyle tourism, and research resource mobilization from the University of the Philippines Manila, the University of the Philippines Diliman Tri-College Ph.D. Philippine Studies Program, the National Academy of Science and Technology (NAST), the Philippine Academy of Acupuncture, Inc. (PAAI), the Department of Science and Technology—Philippine Council for Health Research and Development (DOST-PCHRD), the International School of Sustainable Tourism, Oceana Philippines, SM Development Corporation, Menarco Development Corporation, and Impact Hub Manila.

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Edward Christopher Dee

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Cancer Center Support Grant from the National Cancer Institute (P30 CA008748)	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

Please summarize the above conflict of interest in the following box:

ECD is funded in part through the Cancer Center Support Grant from the National Cancer Institute (P30 CA008748).

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ICMJE DISCLOSURE FORM

Date: September 22, 2022

Your Name: Michelle Ann B. Eala

Manuscript Title: The role of traditional, complementary, and integrative medicine in cancer care in the Philippines

Manuscript number (if known): _____

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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