

**ICMJE DISCLOSURE FORM**

Date: 3/29/2021  
 Your Name: luis e raez  
 Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States  
 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.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

None.

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

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



Luis E. Raez

## ICMJE DISCLOSURE FORM

Date: 06/12/2022

Your Name: Meri Tarockoff

**Manuscript** Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States

**Manuscript number (if known):** \_\_\_\_\_

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NONE

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## ICMJE DISCLOSURE FORM

Date: 03/29/2022

Your Name: Carlos Rodrigo Carracedo Uribe

Manuscript Title: Mortality and Prognostic factors in hospitalized COVID-19 Patients with cancer: an Analysis from a Large Healthcare System in the United States

Manuscript number (if known): \_\_\_\_\_

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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: 03/29/2022

Your Name: Jianli Niu

Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	___ None	

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

None.
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**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: 3/29/2022

Your Name: Candice Sareli

Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States

Manuscript number (if known): \_\_\_\_\_

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

None.

**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: 29 March 29, 2022

Your Name: Nithya Sundararaman

Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States

Manuscript number (if known): \_\_\_\_\_

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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

<p>No conflict of interest to declare</p>
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**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: April 16<sup>th</sup>, 2022

Your Name: Jayme Ion

Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I have no financial conflicts of interest. I'm a full time employee with Memorial Healthcare System.

**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:** 03/28/2022

**Your Name:** Paula Eckardt

**Manuscript Title:** Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States

**Manuscript number (if known):** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: March 29th, 2022

Your Name: ANDRES ALVAREZ PINZON

Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States

Manuscript number (if known): \_\_\_\_\_

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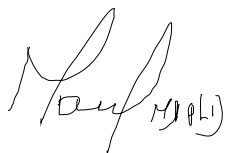
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## ICMJE DISCLOSURE FORM

Date: 03/29/2022

Your Name: Atif Hussein

Manuscript Title: Mortality and Prognostic Factors in Hospitalized COVID-19 Patients with Cancer: an analysis from a Large Healthcare System in the United States

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