

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

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Van Cleave 1



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Section 1.	Identifying Informa	ation				
1. Given Name (Fi	rst Name)	2. Surname (L Van Cleave	ast Name)			3. Date 11-May-2020
4. Are you the cor	✓ Yes	No				
5. Manuscript Title The Electronic Pa Clinical Interven	atient Visit Assessment (	ePVA) for Hea	d and Nec	ck Cancer: Usir	ng mHeal	th Technology To Support Real Time
6. Manuscript Ider mh-19-260	ntifying Number (if you kno	ow it)				
	ı					
Section 2.	The Work Under Co	nsideration	for Publ	lication		
	ubmitted work (including l					ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
	evant conflicts of interes	st? ✓ Yes	No			
	out the appropriate infor be removed by pressing			ave more than	one enti	ty press the "ADD" button to add a row.
Name of Institut	,, ,	Grant? Per	sonal No	on-Financial Support	Other?	Comments
ouis and Rachel Rud		<b>✓</b>				Van Cleave, Pl
	Research Cooperative evelopment Pilot [funded					Van Cleave, Pl
oy National Institute of N J24NR014637]		<b>✓</b>				
NYU University Resea	rch Challenge Fund	<b>✓</b>				Van Cleave, Pl
Iohn A. Harford Foun Action Award	dation Change AGEnts	<b>✓</b>				Van Cleave, Pl
Section 3.	Relevant financial a	ctivities ou	tside the	submitted	work.	
of compensation clicking the "Add	n) with entities as describ I +" box. You should rep	oed in the inst ort relationsh	ructions. l	Use one line fo	r each en	ial relationships (regardless of amount atity; add as many lines as you need by a <b>36 months prior to publication</b> .
Are there any rel	evant conflicts of interes	st? Yes	<b>✓</b> No			

Van Cleave 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V				
Section 5. Relationships not covered above				
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Section 6. Disclosure Statement				
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Dr. Van Cleave reports grants from Louis and Rachel Rudin Foundation Interdisciplinary Pilot Project, grants from 2017 Palliative Care Research Cooperative Group Investigator Development Pilot [funded by National Institute of Nursing Research U24NR014637], grants from NYU University Research Challenge Fund, grants from				
John A. Harford Foundation Change AGEnts Action Award, during the conduct of the study; .				

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**koyaities:** Funds are coming in to you or your institution due to your patent

Fu 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Mei R	2. Surname (Last Na Fu	ame)		3. Date 13-May-2020	
4. Are you the corresponding author?	Yes ✓ No	Correspon	ding Author's	s Name	
5. Manuscript Title The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions 6. Manuscript Identifying Number (if you know it)					
Section 2. The Work Under Co	onsideration for	Publication			
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants.  Sest? Yes promation below. If yes	ants, data monitoring	g board, stud	y design, manuscript preparation,	
Name of Institution/Company	Grant? Persona	Non-Financial	Other?	Comments	
Rudin, Louis and Rachel Rudin Foundation nterdisciplinary Pilot Project Award	<b>V</b>		Re	esearch grant , Co-investigator	
NIH/2017 Palliative Care Research Cooperative Group Investigator Development Pilot Award	<b>V</b>		Re	esearch grant , Co-investigator	
New York University Research Challenge Fund	<b>✓</b>		Re	esearch grant , Co-investigator	
lohn A. Harford Foundation Change AGEnts Action Award	<b>✓</b>		Re	esearch grant , Co-investigator	
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Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interests."	bed in the instruction ort relationships the	ons. Use one line for at were <b>present d</b>	or each enti	ty; add as many lines as you need by	

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Bennett 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Bennett	3. Date 11-May-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name  Janet H. Van Cleave	
5. Manuscript Title The Electronic Pa Clinical Interven	atient Visit Assessment	(ePVA) for Head and Neck	Cancer: Using mHealth Technology To Support Real Time	
6. Manuscript Ider mHealth-19-250	ntifying Number (if you kr	now it)		
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Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Bennett 2



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Dr. Bennett has nothing to disclose.

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Concert 1



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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-	g but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
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**Royalties:** Funds are coming in to you or your institution due to your patent

Tran 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Anh	2. Surname (Last Name) Tran	3. Date 11-May-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Janet H. Van Cleave		
Clinical Interventions		Cancer: Using mHealth Technology To Support Real Time		
6. Manuscript Identifying Number (if you k mHealth-19-250	INOW IT)			
Section 2. The Work Under C	Consideration for Publi	anti-an		
Did you or your institution at any time reco	eive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	l activities outside the	submitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Prope				
Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether plan	nned, pending or issued, bi	roadly relevant to the work? Yes V No		

Tran 2



Section 5.	
Section 5.	Relationships not covered above
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Dr. Tran has noth	ning to disclose.

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Most 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Allison	2. Surname (Last Name) Most	3. Date 11-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessmer Clinical Interventions	nt (ePVA) for Head and Neck	Cancer: Using mHealth Technology To Support Real Time
6. Manuscript Identifying Number (if you mHealth-19-250	know it)	_
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Do you have any patents, whether pla	inned, pending or issued, br	oadly relevant to the work? Yes V No

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Kamberi 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Maria	rst Name)	2. Surname (Last Name) Kamberi	3. Date 11-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Pa Clinical Interven	atient Visit Assessment	(ePVA) for Head and Neck	Cancer: Using mHealth Technology To Support Real Time
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
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Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

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Section 6
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Section 1.	Identifying Inform	ation	
1. Given Name (Fii Jacqueline	rst Name)	2. Surname (Last Name) Mojica	3. Date 11-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Janet H. Van Cleave
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Are there any rel	evant conflicts of intere	est? Yes Vo	
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Section 3.	Relevant financial	activities outside the	submitted work.
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

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Dr. Mojica has nothing to disclose.

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Savitski 1



Section 1. Identifying Info	ormation		
1. Given Name (First Name) Justin	2. Surname (Last Name) Savitski	3. Date 11-May-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Janet H. Van Cleave	
5. Manuscript Title The Electronic Patient Visit Assessm Clinical Interventions	ent (ePVA) for Head and Neck	Cancer: Using mHealth Technology To Support Real Time	
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Savitski 2



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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Kusche 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Elise	rst Name)	2. Surname (Last Name) Kusche	3. Date 11-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name  Janet H. Van Cleave
5. Manuscript Title The Electronic Pa Clinical Intervent	atient Visit Assessment	(ePVA) for Head and Neck	Cancer: Using mHealth Technology To Support Real Time
6. Manuscript Ider mHealth-19-250	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ahts
Do you have any			roadly relevant to the work? Yes V No

Kusche 2



Section 5. Relationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Disclosure Statement
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NP. Kusche has nothing to disclose.

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Kusche 3



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Persky 1



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1. Given Name (Fi Mark S.	rst Name)	2. Surname (Last Name) Persky	3. Date 11-May-2020
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Section 4.			
Section 4.	Intellectual Proper	ty Patents & Copyric	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Persky 2



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paten<sup>.</sup>

Li 1



Section 1.	Identifying Inform	ation	
1. Given Name (Firs Zujun	st Name)	2. Surname (Last Name) Li	3. Date 11-May-2020
4. Are you the corre	esponding author?	☐ Yes ✓ No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Pat Clinical Interventi		(ePVA) for Head and Neck	c Cancer: Using mHealth Technology To Support Real Time
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Do you have any բ	patents, whether plani	ned, pending or issued, bi	roadly relevant to the work? Yes V No

Li 2



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Jacobson



Section 1. Identifying Inform	nation		
Given Name (First Name)  Adam	2. Surname (Last Name) Jacobson		. Date 1-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Janet H. Van Cleave	
<ol> <li>Manuscript Title</li> <li>The Electronic Patient Visit Assessment Clinical Interventions</li> </ol>	t (ePVA) for Head and Neck	Cancer: Using mHealth Techr	nology To Support Real Time
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Section 2. The Work Under C	Consideration for Publication for Publication		narcial private foundation, etc.) for
any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of inter	g but not limited to grants, da	ata monitoring board, study desig	n, manuscript preparation,
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Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter-	ibed in the instructions. Us port relationships that wer	se one line for each entity; add	as many lines as you need by
Section 4. Intellectual Prope	rty Patents & Copyric	ahts	
Do you have any patents, whether plan			Yes No



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Hu 1



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Costion 4			
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Hu 2



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Persky 1



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Persky 2



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Persky 3



#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

# Identifying information.

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## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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# 4. Intellectual Property.

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earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Liang 1



Section 1. Identifying I	nformation	
1. Given Name (First Name) Eva	2. Surname (Last Name) Liang	3. Date 11-May-2020
4. Are you the corresponding autho	r? Yes ✓ No	Corresponding Author's Name  Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Asses Clinical Interventions	sment (ePVA) for Head and Neck	Cancer: Using mHealth Technology To Support Real Time
6. Manuscript Identifying Number (i mHealth-19-250	f you know it)	
Section 2. The Work Un	der Consideration for Public	cation
	cluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant fina	ancial activities outside the s	submitted work.
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo		
Continue		
Section 4. Intellectual F	Property Patents & Copyric	hts
Do you have any patents, whether	er planned, pending or issued, br	oadly relevant to the work? Yes V No

Liang 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
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Dr. Liang has no	thing to disclose.

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Corby 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Patricia M.	2. Surname (Last Name) Corby	3. Date 11-May-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessment Clinical Interventions	(ePVA) for Head and Neck	Cancer: Using mHealth Technology To Support Real Time
6. Manuscript Identifying Number (if you kr mHealth-19-250	now it)	_
Sortion 2		
Section 2. The Work Under Co	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Proper	rty Patents & Copyric	ahts
Do you have any patents, whether plan		

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Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Egleston 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Brian L.	2. Surname (Last Name) Egleston		3. Date 11-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth	
5. Manuscript Title The Electronic Patient Visit Assessment Clinical Interventions	(ePVA) for Head and Neck	Cancer: Using mHea	alth Technology To Support Real Time
6. Manuscript Identifying Number (if you kn mHealth-19-250	ow it)	_	
Section 2. The Work Under Co	onsideration for Public	ation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, danst? Yes No rmation below. If you hav	ta monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation, tity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial other?	Comments
J.S.A. National Institutes of Health/National Cancer Institute	<b>✓</b>		P30CA006927 (Fox Chase Cancer Center Support Grant)
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that wer	se one line for each e	ntity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyric	jhts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	e work? ☐ Yes 🗸 No

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Section 5. Polationships not severed above
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Dr. Egleston reports grants from U.S.A. National Institutes of Health/National Cancer Institute, during the conduct of the study.

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