ICMJE DISCLOSURE FORM

Date:Sept.20, 2	022
Your Name: Cha	rles B. Simone
Manuscript Title:_	Palliative Care Referrals in Patients with Advanced Malignancies and the Benefits of Early
Showering in Patie	ents Following Cardiac Surgery
Manuscript numb	er (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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	None						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	None						
3	Royalties or licenses	None						
4	Consulting fees	None						

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