### ICMJE DISCLOSURE FORM

 Date: \_7/16/2022 \_\_\_\_\_

 Your Name: \_\_\_\_\_\_

 Manuscript Title: \_\_\_\_\_\_

 Complexity in the context of palliative care: an integrative review \_\_\_\_\_\_

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

 APM-22-623 \_\_\_\_\_\_

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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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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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>	√_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	VNone	
3	Royalties or licenses	None	
4	Consulting fees	✓_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	
7	Support for attending meetings and/or travel	✓None
8	Patents planned, issued or pending	✓None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	✓None
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:

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: \_7/16/2022 \_\_\_\_\_

 Your Name: \_\_\_\_\_Maho Aoyama \_\_\_\_\_

 Manuscript Title: \_\_\_\_\_Complexity in the context of palliative care: an integrative review \_\_\_\_\_\_

 Manuscript number (if known): \_\_\_\_APM-22-623 \_\_\_\_\_\_

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	✓NoneNone
7	Support for attending meetings and/or travel	✓None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	✓None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Vone
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:

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: 7/16/2022\_\_\_\_

 Your Name: Mitsunori Miyasita

 Manuscript Title: Complexity in the context of palliative care: an integrative review

 Manuscript number (if known): APM-22-623-CL

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		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.) <b>No time limit for this item.</b>	None Ministry of Health, Labour and Welfare (MHLW) Cancer Research Program Grant Number 19EA1011.	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>/</b> None	
3	Royalties or licenses	✓None	

4	Consulting fees	√_None	
5	Payment or honoraria for	✓ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	✓None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	✓None	
	pending		
9	Participation on a Data	✓None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	Mitsunori Miyashita	
	committee or advocacy group, paid or unpaid	serves as an unpaid	
		editorial board member	
		of Annals of Palliative	
		Medicine from February	
		2022 to January 2024.	
11	Stock or stock options	_✓None	
12	Descipt of equi		
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:

Mitsunori Miyashita serves as an unpaid editorial board member of Annals of Palliative Medicine from February 2022 to January 2024. Mitsunori Miyashita reports that this work was supported by MHLW Cancer Research Program Grant Number 19EA1011.

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