| Date: <u>July, 22nd 2022</u> | | |
|---|--|-------------------------------------|
| Your Name: Feroniki Ac | damidis | |
| Manuscript Title: The potent students. | ial of medical comics to teach palliative care skills: A | cross-sectional study of 688 medica |
| Manuscript number (if know | n): <u>APM-22-637</u> | • |

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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
|----|------------------------------|--------|--|
| Э | = | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
| | <i>5 ,</i> | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| • | 5 5 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | XNOTIE | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: 19.07.2022 |
|---|
| Your Name: Lea Kum |
| Manuscript Title: The potential of medical comics to teach palliative care skills: A cross sectional study of 668 medical |
| students |
| Manuscript number (if known): APM-22-637 |

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.

| | | 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) 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | _XNone | |

| 5 | Payment or honoraria for | XNone | | | | |
|------|---|--------|--|--|--|--|
| | lectures, presentations, | | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| - | educational events | V N | | | | |
| 6 | Payment for expert | _XNone | | | | |
| | testimony | | | | | |
| 7 | Support for attending | X None | | | | |
| , | meetings and/or travel | _XNone | | | | |
| | meetings and/or traver | | | | | |
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| 8 | Datants planned issued or | X None | | | | |
| ٥ | Patents planned, issued or pending | | | | | |
| | pending | | | | | |
| 9 | Participation on a Data | X None | | | | |
| | Safety Monitoring Board or | | | | | |
| | Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | _XNone | | | | |
| | | | | | | |
| | | | | | | |
| 12 | Receipt of equipment, | XNone | | | | |
| | materials, drugs, medical writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | X None | | | | |
| | financial interests | | | | | |
| | | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | | |
| N | one. | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:July 20 th , 2022 | <u> </u> | |
|--------------------------------------|---|--|
| Your Name: Anna Kitta | | |
| Manuscript Title: The potent | al of Medical Comics to teach Palliative Care skills: A | |
| cross-sectional study of 668 medical | | |
| Manuscript number (if known): | APM-22-637 | |

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</u> manuscript only.

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.

| | | 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 initi | al 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. | XNone | |
| Velcare | | Time frame: pas | st 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | X_None | |
|----------|------------------------------|-----------------------------|---|
| | lectures, presentations, | | |
| 71 | speakers bureaus, | | |
| | manuscript writing or | | |
| dy die | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| -43.46 | | | |
| 7 | Support for attending | X_None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
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| 9 | Participation on a Data | X_None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X_None | 540, Mishing Duwe Lead straig, such stabili |
| | in other board, society, | | |
| | committee or advocacy | | 생겨 얼마나 얼마를 하는데 하면 하는데 그리고 하는데? |
| 139 | group, paid or unpaid | | 점점 등일 있다면 그렇지 않는데 그리고 하라마를 가입다. |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | Participation of the second | |
| | writing, gifts or other | | |
| | services | | 강동을 되었다고 하는 이 사람들이 되는 사람들이 되었다. 아이라 |
| 13 | Other financial or non- | V None | |
| 72 | financial interests | XNone | |
| | iniancial interests | | |
| William. | Secretary 485 | | |

| 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.

Kita Di. Anna Kita

| Date: <u>July, 2</u> | 2 nd 2022 | |
|----------------------|--|--------|
| Your Name: | Matthias Unseld | |
| Manuscript Title | e: The potential of medical comics to teach palliative care skills: A cross-sectional study of 688 r | nedica |
| students | | |
| Manuscript num | nber (if known): APM-22-637 | _ |

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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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.

| | | 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 initia | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
|----|------------------------------|--------|--|
| Э | = | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
| | <i>5 ,</i> | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| • | 5 5 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | | |
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| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | XNOTIE | |
| | illianciai iliterests | | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>21st July 2022</u> | | | | | |
|--|--|--|--|--|--|
| Your Name:N | Mag. Dr. Andrea Praschinger | | | | |
| Manuscript Title: | The potential of Medical Comics to teach Palliative Care skills: A | | | | |
| cross-sectional st | udy of 668 medical students | | | | |
| Manuscript number (if known): ADM 22 627 | | | | | |

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.

| | | 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.) 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 | xNone | |

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

| | Signiert von: Andrea Praschinger | | |
|---|--|--|--|
| Please summarize the above conflict of interest in the following box: | Datum: 21.07.2022 18:42:47 | | |
| None. | Dieses mit einer qualifizierten elektronischen Signatur versehene Dokument hat gemäß Art. 25 Abs. 2 der Verordnung (EU) Nr 510/2014 vom 23. Juli 2014 ("eIDAS-VO") die gleiche Rechtswirkung wie ein handschriftlich unterschriebenes Dokument. Dieses Dokument ist digital signiert! Prüfinformation: Informationen zur Prüfung der elektronischen Signatur finden Sie unter: www.handy-signatur.at | | |

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

| Date: <u>July, 22</u> | 2 nd 2022 | |
|-----------------------------|---|-------------------|
| Your Name: | Ruth Koblizek | |
| Manuscript Title: students. | e: The potential of medical comics to teach palliative care skills: A cross-sectional stu | ıdy of 688 medica |
| Manuscript numb | nber (if known): APM-22-637 | |

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.

| | | 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 initia | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
|----|------------------------------|--------|--|
| Э | = | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
| | <i>5 ,</i> | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| • | 5 5 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | XNOTIE | |
| | illianciai iliterests | | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: July, 22 | 2 nd 2022 | |
|----------------------------|---|---|
| Your Name: | Anahit Anvari | |
| Manuscript Title students. | e: The potential of medical comics to teach palliative ca | re skills: A cross-sectional study of 688 medical |
| Manuscript num | nber (if known): <u>APM-22-637</u> | |

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.

| | | 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 initia | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
|----|------------------------------|--------|--|
| Э | = | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
| | <i>5 ,</i> | | |
| | | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| • | 5 5 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | XNOTIE | |
| | illianciai iliterests | | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: | July, 22 nd | 2022 | | | |
|---------|------------------------|----------------------------|---------------------------------|---------------------------------------|-----------|
| Your Na | me: <u> </u> | Ruth Kutalek | | | |
| Manusc | ript Title: T | he potential of medical of | comics to teach palliative care | skills: A cross-sectional study of 68 | 38 medica |
| student | s | | | | |
| Manusc | ript numbe | er (if known): | APM-22-637 | | |

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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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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
|----|------------------------------|--------|--|
| Э | = | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
| | <i>5 ,</i> | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| • | 5 5 | V N | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | | |
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| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | XNOTIE | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: July. 19 | th , 2022 |
|---------------------------------------|-----------------------------|
| Your Name: | Patrick Melichar |
| Manuscript Title: medical students | |
| Manuscript num | per (if known): _APM-22-637 |

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</u> <u>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.

| | | 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 initi | al 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. | XNone | |
| | 建设在 从外间中可以 | Time frame: pas | st 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 | X_None | |
|------|--|--|--|
| | lectures, presentations, | | |
| 138 | speakers bureaus, | METERS | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X_None | |
| | testimony | with the same of t | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | None | |
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| | | | |
| 8 | Patents planned, issued or pending | X None | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT |
| 2000 | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None | |
| | | | |
| | | March Act of the Act | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X_None | |
| | | | |
| 40 | | | 建筑结构是不空间。建筑是第2000 |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 12 | Control of the contro | V N | |
| 13 | Other financial or non- financial interests | XNone | |
| | iniancial interests | | |
| - | The state of the s | THE STREET STREET | |

| 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.

Mila

| Date: <u>July 19th, 2022</u> | | | | | |
|---|--|--|--|--|--|
| Your Name: | Elisabeth L. Zeilinger | | | | |
| Manuscript Title | e: The potential of Medical Comics to teach Palliative Care skills: A cross- | | | | |
| sectional stud | y of 668 medical students | | | | |
| Manuscrint nun | nher (if known): APM-22-637 | | | | |

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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.) No time limit for this item. | XNone | | | | |
| | Time frame: past 36 months | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | | | |
| 3 | Royalties or licenses | XNone | | | | |
| 4 | Consulting fees | XNone | | | | |

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

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

Date: 19th July 2022

Your Name: Eva Katharina Masel

Manuscript Title: The potential of Medical Comics to teach Palliative Care skills: A

cross-sectional study of 668 medical students Manuscript number (if known): APM-22-637

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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| | | 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) | | | |
|---|--|---|---|--|--|--|
| | | The first of the time time time time time time time tim | braining of the work | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | XNone | | | | |
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| | medical writing, article processing charges, etc.) | | | | | |
| | No time limit for this item. | | | | | |
| | No time limit for this item. | | | | | |
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| | Time frame: past 36 months | | | | | |
| 2 | Grants or contracts from | XNone | | | | |
| | any entity (if not indicated | | | | | |
| | in item #1 above). | | | | | |
| 3 | Royalties or licenses | XNone | | | | |
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| 4 | Consulting fees | XNone | | | | |

| _ | Decement on her availe for | X None | | | | | |
|-----|---|--------|--|--|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | | | |
| | | | | | | | |
| | speakers bureaus, manuscript writing or | | | | | | |
| | educational events | | | | | | |
| 6 | Payment for expert | X None | | | | | |
| U | testimony | NONE | | | | | |
| | testimony | | | | | | |
| 7 | Support for attending | XNone | | | | | |
| | meetings and/or travel | | | | | | |
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| 8 | Patents planned, issued or | XNone | | | | | |
| | pending | | | | | | |
| | | | | | | | |
| 9 | Participation on a Data | XNone | | | | | |
| | Safety Monitoring Board or | | | | | | |
| 200 | Advisory Board | | | | | | |
| 10 | Leadership or fiduciary role | XNone | | | | | |
| | in other board, society, | | | | | | |
| | committee or advocacy | | | | | | |
| | group, paid or unpaid | | | | | | |
| 11 | Stock or stock options | XNone | | | | | |
| | | | | | | | |
| | | | | | | | |
| 12 | Receipt of equipment, | X_None | | | | | |
| | materials, drugs, medical | | | | | | |
| | writing, gifts or other | | | | | | |
| | services | | | | | | |
| 13 | Other financial or non- | XNone | | | | | |
| | financial interests | | | | | | |
| | | | | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | | | |
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| ı | None. | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement: