Date:	2022-	10-24	 					
Your N	lame:	Camilla	No1566-94					
Manus	script Title: T	itle: Sympto	om clusters in palliative	e-stage cance	er correlate w	ith proinflam	ımatory cytok	ine cluster
Manus	script numbe	r (if known):	ID: APM-22-974					

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Maria Committee of the	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.	None	
363	THE PARTY OF PERSON	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	None	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	× None	
-	testimony		
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7	Support for attending	× None	
	meetings and/or travel		
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		Hand to the state of the state	
0	Patents planned, issued or	₩ None	
8	pending	None	
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9	Participation on a Data	× None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	× None	
TO	in other board, society,	NOTIE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	× None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	•		
Plea	ise summarize the above co	inflict of interest in the foll	owing box:
_			_
	None.		
	None.		
	None.		

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

Date: October 13, 2022	
Your Name: Dr. Valerie Sackmann	
Manuscript Title: Title: Symptom clusters in palliative-stage cancer correlate with proinflammatory cytokine clu	ıster
Manuscript number (if known): ID: APM-22-974	

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	X None X None	36 months
4	Consulting fees	X None	

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

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

I report no conflict of interest.

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.

Date: _2022-10-21	
Your Name: Karin Fransson	
Manuscript Title: Title: Symptom clusters in palliative-stage cancer correlate with proinflammatory cytokine clus	ster
Manuscript number (if known): ID: APM-22-974	

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
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,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
12	Services	Nene			
13	Other financial or non- financial interests	None			
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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.

Pate: <u>2022-10-23</u>				
Your Name: Maria Jakobsson				
Manuscript Title: Title: Symptom clusters in palliative-stage cancer correlate with proinflammatory cytokine clus	te			
Manuscript number (if known): ID: APM-22-974				
<u> </u>				

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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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	into time initia for this term.		
		Time frame: past	36 months
2	Grants or contracts from	None None	30 months
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None			
	educational events				
6	Payment for expert	None		_	
	testimony			_	
-	Command for adding	None			
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 in other board, society,	None		_	
	committee or advocacy			_	
	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			
	financial interests				
	Please summarize the above conflict of interest in the following box:				

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

Date:	2022	Oct	13
	me:	Marit	Karlsson
		le: Symptom	clusters in palliative-stage cancer correlate with proinflammatory cytokine cluster
Manusc	ript number (if known): ID	: APM-22-974

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		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.	None	
		Time frame: pas	st 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	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
		X	
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:

No	conflict	of	Mercol		
					_

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

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

Date: 12 Oct 2	Date: <u>12 Oct 2022</u>				
Your Name:	Anna Milberg				
Manuscript Tit	le: Title: Symptom clusters in palliative-stage cancer correlate with proinflammatory cytokine cluster				
Manuscript nu	mber (if known): ID: APM-22-974				
•					

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	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
2	Grants or contracts from	Time frame: past X None	36 months
2	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending	_XNoneXNoneXNone			
0	meetings and/or travel	V. Mara			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone			
13	Other financial or non- financial interests	_XNone			
	Please summarize the above conflict of interest in the following box: I have no conflictsS of interest.				

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