**ICMJE DISCLOSURE FORM**

**Date:** 11/29/22
**Your Name:** Nicholas A. Waring, BS
**Manuscript Title:** Palliative Care Education in a Rural Surgery Residency Program: An Educational Needs Assessment
**Manuscript number (if known): APM-22-1369**

**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 current manuscript only.**

**The author's relationships/activities/interests should be defined broadly. 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.** | __X__None | |
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| **Time frame: past 36 months** | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__None | |
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| | | | |
| 3 | Royalties or licenses | __X__None | |
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| | | | |
| 4 | Consulting fees | __X__None | |
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|---|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None | |
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| | | | |
| 6 | Payment for expert testimony | __X__None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | __X__None | |
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| 8 | Patents planned, issued or pending | __X__None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None | |
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| | | | |
| 11 | Stock or stock options | __X__None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None | |
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| | | | |
| 13 | Other financial or non-financial interests | __X__None | |
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**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:___11/17/2022_____**
**Your Name:___Eunice S. Yang_____**
**Manuscript Title:** Palliative Care Education in a Rural Surgery Residency Program: An Educational Needs Assessment
**Manuscript number (if known): APM-22-1369**

**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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| 3 | Royalties or licenses | _x___None | |
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| 4 | Consulting fees | __x__None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __x__None | |
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| 6 | Payment for expert testimony | __x__None | |
| | | | |
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| 7 | Support for attending meetings and/or travel | __x__None | |
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| 8 | Patents planned, issued or pending | __x__None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __x__None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x___None | |
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| | | | |
| 11 | Stock or stock options | __x__None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x___None | |
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| | | | |
| 13 | Other financial or non-financial interests | _x___None | |
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**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:** 2/23/2023
**Your Name:** Ana Berlin, MD, MPH, FACS, FAAHPM
**Manuscript Title:** Palliative Care Education in a Rural Surgery Residency Program: An Educational Needs Assessment
**Manuscript number (if known): APM-22-1369**

**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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | AB____None | |
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| | | | |
| 3 | Royalties or licenses | _AB___None | |
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| | | | |
| 4 | Consulting fees | _AB___None | |
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| 8 | Patents planned, issued or pending | _AB___None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _AB___None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _AB___None | |
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| | | | |
| 11 | Stock or stock options | _AB___None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _AB___None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | Associate Editor-in-Chief for Annals of Palliative Medicine | |
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**Please summarize the above conflict of interest in the following box:**

The author is an Associate Editor-in-Chief for Annals of Palliative Medicine.

**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:___Nov 17, 2022_____**
**Your Name:___Joon K. Shim MD, MPH, FACS**
**Manuscript Title:** Palliative Care Education in a Rural Surgery Residency Program: An Educational Needs Assessment
**Manuscript number (if known): APM-22-1369**

**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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| **Time frame: past 36 months** | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | JS ____None | |
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| 3 | Royalties or licenses | _ JS ___None | |
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| | | | |
| 4 | Consulting fees | ____ JS None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __ JS __None | |
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| 6 | Payment for expert testimony | __ JS __None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | __ JS __None | |
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| 8 | Patents planned, issued or pending | ___ JS _None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | JS ____None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _ JS ___None | |
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| | | | |
| 11 | Stock or stock options | JS ____None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _ JS ___None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | __ JS __None | |
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**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. Joon K. Shim MD, MPH, FACS**