Date: 07/12/2022

Your Name: Rubyyat A Hakim

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

pilot study

Manuscript number (if known): APM-22-1102

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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,

		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)
	Ti	me frame: Since the initia	I 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	XNone	

	in item #1 above).		
3	Royalties or licenses	_XNone	
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 meetings and/or travel	XNone	
	meetinge and/or travel		
8	Patents planned, issued	X None	
	or pending	XNone	
	3		
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

No Conflict of Interest			

Please place an "X" next to the following statement to indicate your agreement:
_XI certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 07/12/2022

Your Name: Joao Galante

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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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
4	Consulting fees	XNone
5	Payment or honoraria for	X_None
	lectures, presentations,	
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
	Ü	
8	Patents planned, issued or pending	XNone
	or pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary	XNone
	role in other board, society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	X_None
12	Receipt of equipment,	XNone
	materials, drugs, medical writing, gifts or other	
13	services Other financial or non-	_XNone
. •	financial interests	

No Conflict of Interest		

Please place an "X" next to the following statement to indicate your agreement:
_XI certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 07/12/2022

Your Name: Huma Zahid

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

pilot study

Manuscript number (if known): APM-22-1102

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		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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
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

No Conflict of Interest			

Please place an "X" next to the following statement to indicate your agreement:
I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 07/12/2022

Your Name: Mariya Karova

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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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	XNone	

	item.	
		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 lectures, presentations, speakers bureaus, manuscript writing or	_XNone
6	educational events Payment for expert	X None
	testimony	
7	Support for attending meetings and/or travel	XNone
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

No Conflict of Interest		

Please place an "X" next to the following statement to indicate your agreement:	
_XI certify that I have answered every question and have not altered the wording of any of the questions on this form.	

Da	te:	06/1	2/2022				
Yo	ur Name:	Tamir Sirkis	2/2022				
	Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a						
prospective, non-randomized pilot study							
Ma	inuscript number (if kno	wn):	_APM-22-1102	-			
tha rel thi pa	at are ated to the content of yord	our manuscript. "Relate	close all relationships/activities/interests listed d" means any relation with for-profit or not-for-intent of the manuscript. Disclosure represents	-profit			
	transparency and does i ationship/activity/interes	_	e a bias. If you are in doubt about whether to listou do so.	st a			
<u>cu</u>	e following questions ap rrent inuscript only.	oply to the author's rela	tionships/activities/interests as they relate to th	ne			
pe to	rtains the epidemiology of hyp	ertension, you should d	uld be <u>defined broadly</u> . For example, if your ma leclare all relationships with manufacturers of on is not mentioned in the manuscript.	ınuscript			
oth	item #1 below, report all ner items, e time frame for disclosu		eported in this manuscript without time limit. F	or all			
		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)				
	Ti	me frame: Since the initia	l planning of the work				
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone					

	No time limit for this item.			
	item.		Time frame: past	26 months
2	Grants or contracts from	_X	_None	30 months
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	X	_None	
4	Consulting fees	X_	_None	
5	Payment or honoraria for	X_	None	
	lectures, presentations,			
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	Х	None	
	testimony			
7	Support for attending meetings and/or travel	X	_None	
8	Patents planned, issued or pending	_X	_None	
	or perialing			
9	Participation on a Data	_X	None	
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	_X	_None	
	role in other board, society, committee or			
	advocacy group, paid or			
11	unpaid Stock or stock options	X	None	
	Otook or stook options	_^_	_INOTIE	
12	Receipt of equipment,	_X	_None	
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	_X	_None	
	financial interests			

I have no conflict of interests with any of the above.

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: 07/12/2022

Your Name: Zartaj Ahmad

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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1	All support for the present manuscript (e.g., funding, provision of	_XNone	

2	study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above). Royalties or licenses	Time frame: past 36 months _XNone _XNone
4	Consulting food	V N
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
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

o 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: 07/12/2022

Your Name: Katy Taylor

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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			XNone	

2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity(if not indicated in item #1 above). Royalties or licenses	Time frame: past 36 months XNone _XNone
4	Consulting fees	_XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	_XNone X None
	testimony	NOTIE
7	Support for attending meetings and/or travel	_XNone
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

No Conflict of Interest	
ease place an "X" next to the following statement to indicate your agreement:	
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rack C certify that I have answered every question and have not altered the wording of a	any of the
uestions on this	
rm.	

Date: 07/12/2022

Your Name: Steve Dann

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this		

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2	Grants or contracts from any entity(if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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_	D		
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued	V. Name	
	or pending	_XNone	
9	Participation on a Data	_XNone	
	Safety Monitoring Board		
10	or Advisory Board		
10	Leadership or fiduciary role in other board,	_XNone	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	_XNone	
.0	financial interests	NOTIG	
		'	

No Conflict of Interest			

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Date: 07/12/2022

Your Name: Woojin Chae

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective.

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	J		
8	Patents planned, issued	XNone	
	or pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	X None	
10	role in other board,	XNone	
	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	
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No Conflict of Interest			

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Date: 07/12/2022

Your Name: Archil Tsirekidze

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	_XNone
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

No Conflict of Interest		

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Date: 07/12/2022

Your Name: Russell Burcombe

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
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

No Conflict of Interest			

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Date: 07/12/2022

Your Name: Charlotte Moss

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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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

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The author's relationships/activities/interests should be <u>defined</u> <u>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,

		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)	
	Ti	me frame: Since the initia	l 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	_XNone		

any entity(if not indicated in item #1 above). 3 Royalties or licenses X None 4 Consulting fees X None 5 Payment or honoraria for 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 or Advisory Board or Advisory Board or Advisory Board or Advocacy group, paid or unpaid 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests			
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services 13 Other financial or nonXNone		materials, drugs, medical	
13 Other financial or nonXNone			
	13		_XNone
		financial interests	

No Conflict of Interest		

Please place an "X" next to the following statement to indicate your agreement:
_XI certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:06/12/22			
Your Name:Dr	Kathryn Lees		
Manuscript Title:_ Evaluati	ng the impact of the M	MSCC coordinator in a regional cancer network	<u>с– а</u>
prospective, non-random	nized pilot study		
Manuscript number (if know	wn):		_
	ncy, we ask you to disc	lose all relationships/activities/interests listed bel	ow
	our manuscript. "Relate	d" means any relation with for-profit or not-for-pro	ofit
third parties whose interests ma commitment	ay be affected by the co	ntent of the manuscript. Disclosure represents a	
	-	a bias. If you are in doubt about whether to list a ou do so.	
The following questions ap current manuscript only.	ply to the author's relat	ionships/activities/interests as they relate to the	
	activities/interests sho	uld be <u>defined</u> <u>broadly</u> . For example, if your manus	script
		eclare all relationships with manufacturers of on is not mentioned in the manuscript.	
In item #1 below, report all other items, the time frame for disclosure.		eported in this manuscript without time limit. For a	all
	Name all entities with	Specifications/Comments	
	whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
	none (add rows as needed)		
Ti	me frame: Since the initia	planning of the work	

All support for the

charges, etc.)

present manuscript (e.g., funding, provision of study materials, medical writing, article processing None

	No time limit for this	
	item.	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
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

3	Other financial or non- financial interests	XNone	
Ρle	ease summarize the abo	ve conflict of interest in	the following box:

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 th questions on this form.	е

Date: 07/12/2022

Your Name: Sola Adeleke

Manuscript Title: Evaluating the impact of the MSCC coordinator in a regional cancer network- a prospective,

non-randomized pilot study

Manuscript number (if known): APM-22-1102

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

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		-	Time frame: past	t 36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	_Xn	lone	
3	Royalties or licenses	Xn	lone	
4	Consulting fees	_XN	lone	
5	Payment or honoraria for lectures, presentations,	_XN	lone	
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7	Support for attending	ΧN	lone	
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8	Patents planned, issued	XN	lone	
	or pending			
9	Participation on a Data Safety Monitoring Board	Xn	lone	
10	or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	Xn	lone	
	unpaid			
11	Stock or stock options	_XN	lone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XN	lone	
13	Other financial or non-	_XN	lone	
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No Conflict of Interest			

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