ICMJE DISCLOSURE FORM

Date	e:2/20/2023		
	· · · · · · · · · · · · · · · · · · ·	ia, MD,MPH, MSc, MBA, F	
Mar	uscript Title:Supportiv	e care and symptom n	nanagement in patients with advanced hematologica
mal	ignancies : a literature r	eview	
Mar	uscript number (if known):		
relate part to trelate The man the to the total relate to the relate to	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply the content only.	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship vities/interests should be onsion, you should declare	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	em #1 below, report all sup time frame for disclosure is	•	I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initia	I planning of the work
1	All support for the present		in planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting foor	V None	
4	Consulting fees	_XNone	

X

None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	
	ase summarize the above co	nflict of interest in the fo	ollowing 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 the questions on this form.

ICMJE DISCLOSURE FORM

Date:2/20/2023					
Your Name: Jannelle Vicens, DNP, MSN FNP-BC, APRN					
Manuscript Title:_Early Implementation of Palliative Care in Malignant Hematology					
Manuscript number (if known): <u>APM-23-244</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</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.

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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame, nech	26 months
2	Grants or contracts from	Time frame: past X None	36 months
2	any entity (if not indicated	XNOTIC	
	in item #1 above).		
3	Royalties or licenses	X None	
	·		
4	Consulting fees	_XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		

	manuscript writing or educational events						
6	Payment for expert	_XNone					
	testimony						
7	Support for attending meetings and/or travel	XNone					
8	Patents planned, issued or pending	XNone					
	. 5						
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,	_XNone					
	materials, drugs, medical writing, gifts or other						
	services						
13	Other financial or non-	X None					
10	financial interests						
Please summarize the above conflict of interest in the following box:							
N	NA						

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

speakers bureaus,

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