

ICMJE DISCLOSURE FORM

Date: 12 April 2023
 Your Name: Yati Afiyanti
 Manuscript Title: "Growth and development of oncology nursing in Asia"
 Manuscript number (if known): APM-22-1399

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.

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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.	<u>X</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	

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

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

I declare 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.

ICMJE DISCLOSURE FORM

Date: 12 April 2023
 Your Name: Hiroko Komatsu
 Manuscript Title: Growth and development of oncology nursing in Asia
 Manuscript number (if known): APM-22-1399

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There is 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.


Hiroko Komatsu, Japanese Red Cross Kyushu International College of Nursing

ICMJE DISCLOSURE FORM

Date: 13 th April

2023

Your Name: Prathepa

Jagdish

Manuscript Title: Growth and development of Oncology Nursing in Asia

Manuscript number (if known): APM-22-1399

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

There is no conflict of interest in my study.

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 April 2023
 Your Name: Ariesta Milanti
 Manuscript Title: "Growth and development of oncology nursing in Asia"
 Manuscript number (if known): APM-22-1399

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I declare 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.

ICMJE DISCLOSURE FORM

Date: 11 April 2023
 Your Name: Kittikorn Nilmamat
 Manuscript Title: Growth and development of oncology nursing in Asia
 Manuscript number (if known): APM-22-1399

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3	Royalties or licenses	<u> X </u> None	

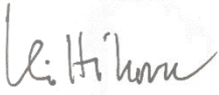
4	Consulting fees	<u> X </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
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There is no conflict of interest.

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.

A handwritten signature in black ink, appearing to read 'Kittikorn Nilmanat', written in a cursive style.

Kittikorn Nilmanat, Faculty of Nursing, Prince of Songkla University, Thailand

ICMJE DISCLOSURE FORM

Date: 12-04-2023

Your Name: Yeur-Hur Lai

Manuscript Title: Growth and development of oncology nursing in Asia

Manuscript number (if known): APM-22-1399

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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ICMJE DISCLOSURE FORM

Date: 12-04-2023
 Your Name: Mei-Nan Liao
 Manuscript Title: Growth and development of oncology nursing in Asia
 Manuscript number (if known): APM-22-1399

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Melvin Lewis *April 13, 2023*

ICMJE DISCLOSURE FORM

Date: April 17, 2023
 Your Name: Ms.Anita D'Souza
 Manuscript Title: Growth and development of oncology nursing in Asia
 Manuscript number (if known): APM-22-1399

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There are no conflicts

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

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ICMJE DISCLOSURE FORM

Date: April 10th, 2021
 Your Name: Margaret I Fitch
 Manuscript Title: Growth and development of oncology nursing in Asia
 Manuscript number (if known): APM-22-1399

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