

ICMJE DISCLOSURE FORM

Date: 13/4/2023

Your Name: NANA-HAUWA LAWAL

Manuscript Title: THE GROWTH AND DEVELOPMENT OF ONCOLOGY NURSING IN AFRICA

Manuscript number (if known): APM-22-1323

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.	<u>Nil</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u> <u>Nil</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u> <u>Nil</u>	

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

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

Nil 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: 16th APRIL 2023
 Your Name: BIEMBA KAHALI MALI
 Manuscript Title: Growth and Development of Oncology Nursing in Africa
 Manuscript number (if known): APM-22-1323

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13	Other financial or non-financial interests	<u>None</u>	

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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: Johanna E Maree

Manuscript Title: The growth and development of oncology nursing in Africa

Manuscript number (if known): APM-22-1323

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			
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	in item #1 above).		
3	Royalties or licenses	<input 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 type="checkbox"/> None	
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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:

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.

J. Mace

ICMJE DISCLOSURE FORM

Date: 13th APRIL 2023
 Your Name: MAMPAK N.M. NAMBE
 Manuscript Title: GROWTH AND DEVELOPMENT OF ONCOLOGY NURSING IN AFRICA
 Manuscript number (if known): APM - 22 - 1323

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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		<i>None</i>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		<i>None</i>	
3	Royalties or licenses	<input type="checkbox"/> None	
		<i>None</i>	
4	Consulting fees	<input type="checkbox"/> None	
		<i>None</i>	


5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
		nil	
6	Payment for expert testimony	___ None	
		nil	
7	Support for attending meetings and/or travel	___ None	
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8	Patents planned, issued or pending	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
		nil	
13	Other financial or non-financial interests	___ None	
		nil	

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

nil

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.

 13/04/2023.

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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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:

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.

NIYOMUGABO Cyrille

A handwritten signature in blue ink, appearing to be 'NIYOMUGABO', written over a horizontal line.

ICMJE DISCLOSURE FORM

Date: 17TH APRIL, 2023
 Your Name: ROSE MARIGOLD AGBENYAME ODAI
 Manuscript Title: MRS_
 Manuscript number (if known): APM-22-1323

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	<u> X </u> 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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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: 17TH April 2023
 Your Name: Naomi Oyoe Ohene Oti
 Manuscript Title: 'growth and development of oncology nursing Africa
 Manuscript number (if known): APM-22-1323

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	<u> X </u> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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:

Nil

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.

ICMJJE DISCLOSURE FORM

Date: 15th April 2023

Your Name: ROSELYNE ANYANGO OKUMU

Manuscript Title: growth and development of oncology nursing in Africa

Manuscript number (if known): APM-22-1323

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	<u>None</u>	Nil
4	Consulting fees	<u>None</u>	Nil

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

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

N/A

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: April 14, 2023
 Your Name: Marie Goretti Uwayezu
 Manuscript Title: Growth and development of oncology nursing in Africa
 Manuscript number (if known): APM-22-1323

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

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

No conflicts

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: 14 April 2023

Your Name: Martjie de Villiers

Manuscript Title: "Growth and development of oncology nursing in Africa"

Manuscript number (if known): APM-22-1323

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

I have 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: April 12, 2023
 Your Name: Margaret Fitch
 Manuscript Title: Growth and development of oncology nursing in Africa
 Manuscript number (if known): APM-22-1323

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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 are no conflicts for this paper.

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

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