Date: 13 4 2023	•
Your Name: NANA-HAUWA LAWAL	
Manuscript Title: THE GROWTH KND DEVELOPMENT OF ONCOLDEN NURSING	INAFRICA
Manuscript number (if known): APIM - 22 - (323	

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> <u>manuscript only</u>.

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) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

No Conflict of latrest.

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:16 m	APRIL	2023				
Your Name:	BIEMBA	KAHALU	244115	- 1		
Manuscript Title:	Growth	- I David	MALIT			
Manuscript number	(if known):	- 7M - 22-1	323	Unicology	Nursing in	Africa

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	Weg all the data and the prostore	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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: 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

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		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	X None
	testimony	
7	Support for attending meetings and/or travel	XNone
	meetings and/or traver	
8	Patents planned, issued	_XNone
	or pending	
9	Participation on a Data	_XNone
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary	V Nara
	role in other board,	XNone
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	X_None
1.5		
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:

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

J. Maree

Date: 13 APRI 2023	R
Your Name: MAMPAK. N.M. NAMRE	
Manuscript Title: GROWLA AND DEVELOPMENT OF OMCOLOGY NURSING	IN AFRICA.
Manuscript number (if known): APTY - 22 - 1323	the second se

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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None NUL	•
4	Consulting fees	None	

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

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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.

•

MAR 13/64/2023.

Date:___17 April 2023______ Your Name:_NIYOMUGABO Cyrille______ 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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comment s (e.g., if payments were made to you or to your institution)
	Time frame: Since th	e 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.	_XNone	

	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ X None		
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	XNone		
6	Payment for expert testimony	_ X None		
7	Support for attending meetings and/or travel	_ X None		
8	Patents planned, issued or pending	_ X None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ X None		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None		
13	Other financial or non-financial interests	_ X None		

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

NIYOMUGABO Cyrille

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

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Ti	needed) me frame: Since the initia	I planning of the work
1	All support for the	X None	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		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	X None	
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	X None	
	meetings and/or travel		
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board.	_XNone	
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	V N	
11		_XNone	
12		_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		

 $_X_$ I certify that I have answered every question and have not altered the wording of any of the questions on this

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

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		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)	
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		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	_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

Nil

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

Date: 15 th April 2023				
Your Name: ROSELYNE ANYANGO OKUMU				
Manuscript Title: growth and development of oncology nursing in Africa				
Manuscript number (if known): APM-22-1323				

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	Nil
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	Nil
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	Nil
4	Consulting fees	None	Nil

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

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.

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_____

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	study materials, medical		
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	charges, etc.)		
	No time limit for this		
	item.		
		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	x_None	
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 attanding	xNone	
1	Support for attending meetings and/or travel		
8	Patents planned, issued	xNone	
	or pending		
9	Participation on a Data	x None	
9	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	x_None	
	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 conflicts

 $_X_$ I certify that I have answered every question and have not altered the wording of any of the questions on this

Date: <u>14 April 2023</u> Your Name: <u>Martjie de Villiers</u> Manuscript Title: "Growth and development of oncology nursing in Africa" Manuscript number (if known): APM-22-1323

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2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	X None	
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	X None	
	meetings and/or travel		
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board.	_XNone	
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	V N	
11		_XNone	
12		_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		

I have no conflict of interest.

 $\underline{X}\,$ I certify that I have answered every question and have not altered the wording of any of the questions on this

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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	funding, provision of					
	study materials, medical					
	writing, article processing charges, etc.)					
	No time limit for this					
	item.					
	Time frame: past 36 months					
2	Grants or contracts from	X_None				
	any entity (if not indicated					
	in item #1 above).					

3	Royalties or licenses	X_None	
4	Consulting fees	X None	
4			
5	lectures, presentations,	_XNone	
	speakers bureaus, manuscript writing or		
	educational events		
6		X_None	
	testimony		
_	0		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	_XNone	
	or pending		
9	Deuticipation on a Data	X None	
9	Participation on a Data 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, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	X_None	
	financial interests		

There are no conflicts for this paper.

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