

## ICMJE DISCLOSURE FORM

Date: March 27, 2023

Your Name: Prudvi Arabandi

Manuscript Title: The Relationship between Palliative Radiotherapy and Opioid Prescribing Patterns Among Patients with Metastatic Cancer

Manuscript number (if known): APM-22-802

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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<b>Time frame: Since the initial planning of the work</b>			
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**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

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