Date: 07/29/2023

Your Name: Muhammad Hamza Habib, MD, JD, MBA

Title: Interventional Pain Management in Cancer Patients - A Scoping Review

Manuscript number (if known): APM-23-433

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 manuscript only</u>.

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		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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	X_None		
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		
	Please summarize the above conflict of interest in the following box: None.			

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

Date: 28 July 2023

Your Name: Mathias Schlögl

Manuscript Title: Interventional Pain Management in Cancer Patients – A Scoping Review

Manuscript number (if known): APM-23-433

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3	Royalties or licenses	xNone	
4	Consulting fees	x None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	V Nana	
9	Safety Monitoring Board or	_X_None	
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
	Pase summarize the above of None.	conflict of interest in the f	ollowing box:

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

Date: 07/29/2023

Your Name: Shahzad Raza

Title: Interventional Pain Management in Cancer Patients - A Scoping Review

Manuscript number (if known): APM-23-433

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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	_X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	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-	_X None	
	financial interests		
Ple	ease summarize the above o	conflict of interest in the fo	llowing box:
	None.		

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

Date: July 29 2023

Your Name: Marcin Chwistek

Manuscript Title: Interventional Pain Management in Cancer Patients - A Scoping Review

Manuscript number (if known): APM-23-433

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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	X_None	
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
	Stock of Stock options		
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
- 1			I

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

Date: July 28 2023

Your Name: Amitabh Gulati

Manuscript Title: Interventional Pain Management in Cancer Patients - A Scoping Review

Manuscript number (if known): APM-23-433

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4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	_xNone		
	testimony			
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	x_None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone		
11	Stock or stock options	x_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None		
13	Other financial or non- financial interests	x_None		
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