

ICMJE DISCLOSURE FORM

Date: 17.10.2023

Your Name: Claudia Fischer

Manuscript Title: Methodological factors regarding patient-reported outcome information for value assessment in palliative care

Manuscript number (if known): APM-23-364

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.	__ None	
		Austrian Science Fund (FWF)	This review has been conducted as part of the PallPROMs study, which has received funding from the Austrian Science Fund (FWF) (FWF-LM 2795-G). The funders did not play a role in decisions in the development or publishing of this article.

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None EU Horizon 2020	“iLIVE – Live well, die well”, a research programme to support living until the end’ which has received funding from the European Union’s Horizon 2020 research and innovation programme (GA No 825731). The funders did not play a role in decisions in the development or publishing of this article.
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 type="checkbox"/> None Paracelsus Medizinische Universität	lecture
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 type="checkbox"/> None Data Management Board	EU project “iLIVE” (see point 2)
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	

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

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The author has no conflict of interest to declare.

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.

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Date: 17.10.2023

Your Name: Eva Katharina Masel

Manuscript Title: Methodological factors regarding patient-reported outcome information for value assessment in palliative care

Manuscript number (if known): APM-23-364

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3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	Member of the Austrian Palliative Care Association	
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	

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ICMJE DISCLOSURE FORM

Date: 20.10.2023

Your Name: Judit Simon

Manuscript Title: Methodological factors regarding patient-reported outcome information for value assessment in palliative care

Manuscript number (if known): APM-23-364

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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 am PI for WP4 iLIVE and co-PI for PallPROMs. This review has been conducted as part of the PallPROMs study, which has received funding from the Austrian Science Fund (FWF) (FWF-LM 2795-G). The funders did not play a role in decisions in the development, content or publishing of this article.

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