

ICMJE DISCLOSURE FORM

Date: 14/08/2023

Your Name: Laura Lamfre

Manuscript Title: Economic impact of informal care of cancer patients at the end of life

Manuscript number (if known): APM-23-240

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.	National Cancer Institute of Argentina	Financial Assistance for conducting the study
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated)	___ None	

	in item #1 above).		
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	___ 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	

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

We submitted the project to a call from the National Cancer Institute of Argentina, to receive financial assistance to carry out the study and our project was selected. I do not consider that it represents a

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.

A handwritten signature in black ink, consisting of a stylized, cursive script that appears to be the initials 'JK'.

ICMJE DISCLOSURE FORM

Date: 11 AUGUST 2023

Your Name: SANTIAGO HASDEU

Manuscript Title: Economic impact of informal care of cancer patients at the end of life

Manuscript number (if known): APM-23-240

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Time frame: past 36 months			
2	Grants or contracts from	<input checked="" type="checkbox"/> None	

	any entity (if not indicated in item #1 above).		
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 checked="" type="checkbox"/> None	
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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 mentioned the Grant received, but I don't consider it is a 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.

A handwritten signature in black ink, appearing to read 'S. Hasdeu', is written over a horizontal line. The signature is stylized and somewhat cursive.

Santiago Hasdeu

Laura Lamfre

ICMJE DISCLOSURE FORM

Date: 11/08/2023

Your Name: Maria de los Angeles Graciela Coller

Manuscript Title: Economic impact of informal care of cancer patients at the end of life

Manuscript number (if known): APM-23-240

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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.

[Handwritten Signature]
 Colles, Marie

ICMJE DISCLOSURE FORM

Date: 11/08/2023

Your Name: Vilma A Tripodoro

Manuscript Title: Economic impact of informal care of cancer patients at the end of life

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