Date: Noven	nber 15, 2023
Your Name:	Cindy Nguyen
Manuscript 1	itle: Prevalence and Characteristics of Patients Prescribed Opioids and Central Nervous System Depression
Agents on Di	scharge to Hospice Care
Manuscript r	number (if known): APM-23-537-CL

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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		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 initia	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	
		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	None	
	testimony		
7	Support for attending	None	
′	meetings and/or travel	None	
	ğ ,		
8	Patents planned, issued or	None	
	pending		
9	Darticination on a Data	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

None.			

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:	December 12, 2023
Your Name:	Mary Lynn McPherson, PharmD, PhD, BCPS
Manuscript Title:_	Prevalence and Characteristics of Patients Prescribed Opioids and Central Nervous System
Depression Agents	on Discharge to Hospice Care
Manuscript numbe	er (if known): APM-23-537-CL

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

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

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:11/27/23
our Name:BrieNoble
Manuscript Title: Prevalence and Characteristics of Patients Prescribed Opioids and Central Nervous System Depression
Agents on Discharge to Hospice Care
Manuscript number (if known): APM-23-537-CL

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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	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time illine for this term.		
		Time frame: past	26 months
2	Grants or contracts from		30 months
	any entity (if not indicated	<u>X</u> None	
	in item #1 above).		
3	Royalties or licenses	X None	
		<u></u>	
4	Consulting fees	X None	
		_	

5	Payment or honoraria for	<u>X</u> None	
,	lectures, presentations,	<u>VINOLIC</u>	
	speakers bureaus,		
	manuscript writing or educational events		
_		V Name	
6	Payment for expert	<u>X_</u> None	
	testimony		
_			
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	<u>X</u> _None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	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	<u> </u>	
Plea	ase summarize the above co	onflict of interest in the fo	llowing box:

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: <u>11/19/2023</u>
Your Name: <u>Jon P. Furuno, PhD</u>
Manuscript Title: Prevalence and Characteristics of Patients Prescribed Opioids and Central Nervous System Depression
Agents on Discharge to Hospice Care
Manuscript number (if known): APM-23-537-CL

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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).	None	AHRQ R01HS027820. Developing a novel antibiogram tool to improve empiric antibiotic prescribing in nursing homes. This is a multi-site project using a mixed methods approach to develop, implement, and evaluate novel antibiograms to improve antibiotic prescribing in nursing homes.			

			Agency for Healthcare Research and Quality R01HS026747. Optimizing antibiotic prescribing on discharge to long-term care facilities. This project utilizes a mixed methods approach to develop interventions to improve antibiotic prescribing among hospitalized inpatients on discharge to nursing homes.
			Centers for Disease Control and Prevention Contract 75D30122F00001. Nursing home public health response network. This is a multisite study to develop knowledge and infrastructure to respond to public health emergencies in the nursing home setting.
			National Institutes of Health R01AG079555. Decision trajectories of patients at the end of life: An epidemiological exploration of MAID and the impact on caregivers and clinicians This is a multisite longitudinal cohort study to understand quantitative and qualitative outcomes of seriously ill persons pursuing MAID as well as their caregivers, and health care providers.
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
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	None Oregon Hospice and Palliative Care Association	Member, Board of Directors (unpaid)

		American Academy of Hospice and Palliative Medicine (AAHPM)	Member, DEI Committee (unpaid) Editor, DEI LAB, AAHPM Quarterly (unpaid)
		Society of Healthcare Epidemiology of America	Member, eLearning CE Subcommittee (unpaid) Statistical Consultant, Infection Control and Hospital Epidemiology (paid)
		Annals of Palliative Medicine	Member, Editorial Board (unpaid)
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:

Jon P. Furuno serves as an unpaid editorial board member of Annals of Palliative Medicine from June 2023 to May 2025, an unpaid board member of Oregon Hospice and Palliative Care Association, unpaid member of Diversity, Equity, and Inclusion Committee and editor of Diversity, Equity, and Inclusion LAB of the American Academy of Hospice and Palliative Medicine, and unpaid member of eLearning Continuing Education subcommittee and paid Statistical of the Society of Healthcare Epidemiology of America. Jon P. Furuno received research funding from federal sponsors for other activities: First, AHRQ R01HS027820. This is a multi-site project using a mixed methods approach to develop, implement, and evaluate novel antibiograms to improve antibiotic prescribing in nursing homes, developing a novel antibiogram tool to improve empiric antibiotic prescribing in nursing homes. Second, Agency for Healthcare Research and Quality R01HS026747. This project utilizes a mixed methods approach to develop interventions to improve antibiotic prescribing among hospitalized inpatients on discharge to nursing homes, optimizing antibiotic prescribing on discharge to long-term care facilities. Third, Centers for Disease Control and Prevention Contract 75D30122F00001. This is a multisite study to develop knowledge and infrastructure to respond to public health emergencies in the nursing home setting, and nursing home public health response network. Last, National Institutes of Health R01AG079555. This is for Decision trajectories of patients at the end of life: An epidemiological exploration of MAID and the impact on caregivers and clinicians. This is a multisite longitudinal cohort study to understand quantitative and qualitative outcomes of seriously ill persons pursuing MAID as well as their caregivers, and health care providers. None represent any conflicts of interest related to this article.

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