

ICMJE DISCLOSURE FORM

Date: 8/10/2023

Your Name: Bibban Bant Deol, MD

Manuscript Title: Palliative Care of the Older Adult with Cancer

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 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.

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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 checked="" type="checkbox"/> None	
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Date: 8/10/2023

Your Name: Lisa Binns-Emerick DNP

Manuscript Title: Palliative Care of the Older Adult with Cancer

Manuscript Number (if known): [Click or tap here to enter text.](#)

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APC DNT

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Date: 8/10/2023

Your Name: Mohammad Kang M.D

Manuscript Title: Palliative Care of the Older Adult with Cancer

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 8/10/2023

Your Name: Prangesh Patel, M.D.

Manuscript Title: Palliative Care of the Older Adult with Cancer

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