

ICMJJE DISCLOSURE FORM

Date: October 11th, 2022 _____
 Your Name: Dorian René Navarro Díaz _____
 Manuscript Title: Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present _____
 Manuscript number (if known): APM-22-1133 _____

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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:

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

ICMJE DISCLOSURE FORM

Date: October, 16th, 2022

Your Name: Carla Gonçalves Dias

Manuscript Title: Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present

Manuscript number (if known): APM-22-1133

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.	X ___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X ___ None	
3	Royalties or licenses	X ___ None	
4	Consulting fees	X ___ None	
5		X ___ None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X ___ None	
7	Support for attending meetings and/or travel	X ___ None	
8	Patents planned, issued or pending	X ___ None	
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	X ___ None	
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	

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.

ICMJE DISCLOSURE FORM

Date: 11/10/2022

Your Name: Gustavo Alonso Rodríguez Rodríguez

Manuscript Title: Oncology Nursing Speciality across Latin America: Struggle and Achievements Past and Present.

Manuscript number (if known): APM-22-1133

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.	__x__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__x__ None	
3	Royalties or licenses	__x__ None	
4	Consulting fees	__x__ None	
5		__x__ None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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

I have no 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.

FORMULARIO DE DIVULGACIÓN DEL ICMJE

Fecha: 04 noviembre 2022
 Su nombre: Esteban Sánchez Hveiquimil
 Título del manuscrito: _____
 Número de manuscrito (si se conoce): _____

En aras de la transparencia, le pedimos que revele todas las relaciones/actividades/intereses enumerados a continuación que son relacionados con el contenido de su manuscrito. "Relacionado" significa cualquier relación con terceros con o sin fines de lucro partes cuyos intereses pueden verse afectados por el contenido del manuscrito. La divulgación representa un compromiso a la transparencia y no indica necesariamente un sesgo. Si tiene dudas sobre si listar una relación/actividad/interés, es preferible que lo haga.

Las siguientes preguntas se aplican a las relaciones/actividades/intereses del autor en relación con el presente manuscrito solamente.

Las relaciones/actividades/intereses del autor deben definirse ampliamente. Por ejemplo, si su manuscrito se refiere a la epidemiología de la hipertensión, debe declarar todas las relaciones con los fabricantes de medicamentos antihipertensivos, incluso si ese medicamento no se menciona en el manuscrito.

En el punto #1 a continuación, informe todo el apoyo al trabajo informado en este manuscrito sin límite de tiempo. Para todos los demás artículos, el marco de tiempo para la divulgación es los últimos 36 meses.

		Nombre todas las entidades con las que tiene esta relación o no indique ninguna (agregue filas según sea necesario)	Especificaciones/Comentarios (por ejemplo, si se le hicieron pagos a usted o a su institución)
Plazo: Desde la planificación inicial de la obra			
1	Todo el apoyo para el presente manuscrito (p. ej., financiamiento, provisión de materiales de estudio, redacción médica, cargos por procesamiento de artículos, etc.) No hay límite de tiempo para este artículo.	<u>X</u> Ninguna	
Periodo de tiempo: últimos 36 meses			
2	Subvenciones o contratos de cualquier entidad (si no se indica en el punto #1 anterior).	<u>X</u> Ninguna	
3	Regalías o licencias	<u>X</u> Ninguna	

4	Honorarios de consultoría	<input checked="" type="checkbox"/> Ninguna	
5	Pago u honorarios por conferencias, presentaciones, oficinas de oradores, redacción de manuscritos o eventos educativos	<input checked="" type="checkbox"/> Ninguno	
6	Pago por testimonio pericial	<input checked="" type="checkbox"/> Ninguna	
7	Apoyo para asistencia a reuniones y/o viajes	<input checked="" type="checkbox"/> Ninguno	
8	Patentes planeadas, emitidas o pendientes	<input checked="" type="checkbox"/> Ninguna	
9	Participación en un Data Junta de Supervisión de Seguridad o Junta Asesora	<input checked="" type="checkbox"/> Ninguna	
10	Rol de liderazgo o fiduciario en otra junta, sociedad, comité o grupo de defensa, remunerado o no remunerado	<input checked="" type="checkbox"/> Ninguno	
11	Acciones u opciones sobre acciones	<input checked="" type="checkbox"/> Ninguna	
12	Recepción de equipos, materiales, medicamentos, escritura médica, obsequios u otros servicios	<input checked="" type="checkbox"/> Ninguno	
13	Otros intereses financieros o no financieros	<input checked="" type="checkbox"/> Ninguno	

Resuma el conflicto de interés anterior en el siguiente cuadro:

No tengo conflicto de interés.

Coloque una "X" junto a la siguiente declaración para indicar su acuerdo:

Certifico que he respondido todas las preguntas y no he alterado la redacción de ninguna de las preguntas en esta forma.

ICMJE DISCLOSURE FORM

Date: 11 DE OCTUBRE 2022

Your Name: Meri Isabel Ordoñez Sigcho

Manuscript Title: Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present.

Manuscript number (if known): APM-22-1133 _____

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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

No tengo ningún conflicto de interés.

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.

ICMJE DISCLOSURE FORM

Date: 12/10/2022

Your Name: Humberto Elizalde Ordóñez

Manuscript Title: Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present

Manuscript number (if known):

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	

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

<p>No tengo conflicto de intereses</p>
--

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.

ICMJE DISCLOSURE FORM

Date: 15 de octubre 2022

Your Name: MELITTA FIDELIA COME MENDOZA

Manuscript Title: Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present

Manuscript number (if known): APM-22-1133

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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	
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	
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	

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:

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

FORMULARIO DE DIVULGACIÓN DEL ICMJE

Fecha: 27 de Octubre 2022
 Su nombre: MARIA CONSTANZA CELANO
 Título del manuscrito: Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present
 Número de manuscrito (si se conoce): N/A

En aras de la transparencia, le pedimos que revele todas las relaciones/actividades/intereses enumerados a continuación que son relacionados con el contenido de su manuscrito. "Relacionado" significa cualquier relación con terceros con o sin fines de lucro partes cuyos intereses pueden verse afectados por el contenido del manuscrito. La divulgación representa un compromiso a la transparencia y no indica necesariamente un sesgo. Si tiene dudas sobre si listar una relación/actividad/interés, es preferible que lo haga.

Las siguientes preguntas se aplican a las relaciones/actividades/intereses del autor en relación con el presente manuscrito solamente.

Las relaciones/actividades/intereses del autor deben definirse ampliamente. Por ejemplo, si su manuscrito se refiere a la epidemiología de la hipertensión, debe declarar todas las relaciones con los fabricantes de medicamentos antihipertensivos, incluso si ese medicamento no se menciona en el manuscrito.

En el punto #1 a continuación, informe todo el apoyo al trabajo informado en este manuscrito sin límite de tiempo. Para todos los demás artículos, el marco de tiempo para la divulgación es los últimos 36 meses.

		Nombre todas las entidades con las que tiene esta relación o no indique ninguna (agregue filas según sea necesario)	Especificaciones/Comentarios (por ejemplo, si se le hicieron pagos a usted o a su institución)
Plazo: Desde la planificación inicial de la obra			
1	Todo el apoyo para el presente manuscrito (p. ej., financiamiento, provisión de materiales de estudio, redacción médica, cargos por procesamiento de artículos, etc.) No hay límite de tiempo para este artículo.	Ninguna	
Periodo de tiempo: últimos 36 meses			
2	Subvenciones o contratos de cualquier entidad (si no se indica en el punto #1 anterior).	Ninguna	
3	Regalías o licencias	Ninguna	
4	Honorarios de consultoría	Ninguna	

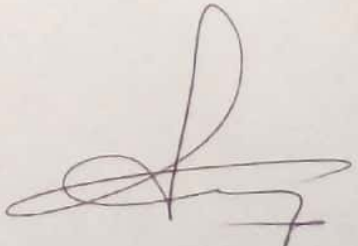
5	Pago u honorarios por conferencias, presentaciones, oficinas de oradores, redacción de manuscritos o eventos educativos	<u> </u> Ninguno	
6	Pago por testimonio pericial	<u> </u> Ninguna	
7	Apoyo para asistencia a reuniones y/o viajes	<u> </u> Ninguno	
8	Patentes planeadas, emitidas o pendientes	<u> </u> Ninguna	
9	Participación en un Data Junta de Supervisión de Seguridad o Junta Asesora	<u> </u> Ninguna	
10	Rol de liderazgo o fiduciario en otra junta, sociedad, comité o grupo de defensa, remunerado o no remunerado	<u> </u> Ninguno	
11	Acciones u opciones sobre acciones	<u> </u> Ninguna	
12	Recepción de equipos, materiales, medicamentos, escritura médica, obsequios u otros servicios	<u> </u> Ninguno	
13	Otros intereses financieros o no financieros	<u> </u> Ninguno	

Resuma el conflicto de interés anterior en el siguiente cuadro:

No tengo conflicto de intereses

Coloque una "X" junto a la siguiente declaración para indicar su acuerdo:

X Certifico que he respondido todas las preguntas y no he alterado la redacción de ninguna de las preguntas en este forma.


 MARIA CONSTANZA CELANO

ICMJE DISCLOSURE FORM

Date: 10/27/2023

Your Name: Evelyn Awilda Ramos Osoria

Manuscript Title: Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present

Manuscript number (if known): APM-22-1133

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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,	<input checked="" type="checkbox"/> None	

	manuscript writing or educational events		
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	
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	

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.

ICMJJE DISCLOSURE FORM

Date: __ OCT 13 2022

Your Name: __ Julia Challinor

Manuscript Title: _ Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present

Manuscript number (if known): _ APM-22-1133

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.	<u>__ X</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__ X</u> None	
3	Royalties or licenses	<u>__ X</u> None	
4	Consulting fees	<u>__ X</u> None	
5	Payment or honoraria for lectures, presentations,	<u>__ X</u> None	

	speakers bureaus, manuscript writing or educational events		
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	I serve as a volunteer on the advisory board of the Pediatric Cancer Center of the Hospital Sant Joan de Deu, Barcelona, Spain
			I serve as a volunteer on the advisory board of the University of California San Francisco Global Oncology Department in San Francisco, California, USA
			I serve as a volunteer on the advisory board of the Foundation S (Sanofi) for the My Child Matters awards program in Paris France.
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	

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

JC serves as a volunteer on three advisory boards of groups interested in global cancer care: the Pediatric Cancer Center of the Hospital Sant Joan de Deu in Barcelona, Spain, the University of California San Francisco Global Oncology Department in San Francisco and the Foundation S (Sanofi) for the My Child Matters awards program in Paris France.

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.

ICMJE DISCLOSURE FORM

Date: _November 13, 2023

Your Name: María Fernanda Olarte-Sierra

Manuscript Title: Oncology Nursing Specialty across Latin America: Struggle and Achievements Past and Present

Manuscript number (if known): APM-22-1133

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

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

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.