

ICMJE DISCLOSURE FORM

Date: 10/24/2023

Your Name: KATHRYN DECARLI

Manuscript Title: PALLIATIVE CARE FOR PATIENTS WITH GASTROESOPHAGEAL CANCER

Manuscript number (if known): APM-22-1243

AT ALL STAGES:
A REVIEW

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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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.

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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)
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- 2 Grants or contracts from any entity (if not indicated in item #1 above) None

- 3 Royalties or licenses None

[Redacted]

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:

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

Kathryn De Carli

ICMJE DISCLOSURE FORM

Date: 10/30/2023
Your Name: DANA GUYER
Manuscript Title: PALLIATIVE CARE FOR PATIENTS WITH GASTROESOPHAGEAL CANCER
Manuscript number (if known): APM-22-1243

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: KHALDOUN ALMHANNA

Manuscript Title: PALLIATIVE CARE FOR PATIENTS WITH GASTROESOPHAGEAL CANCER

Manuscript number (if known): APM-22-1243

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