Date: 7.11.2023

Your Name: Haukur Svansson.

Manuscript Title: End-of-life care for cancer patients with pre-existing severe mental disorders - A systematic review

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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 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		None	

	Payment or honoraria for	
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending meetings and/or travel	None
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
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
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	
		<u> </u>
ы.		office of the court to the fall of the be

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

No conflicts of interest		

Please place an "X" next to the following statement to indicate your agreement:

Date:20.12.2023	
Your Name:Kirstine Bønderg	gaard
Manuscript Title: End-of-life care for	cancer patients with pre-existing severe mental disorders - A systematic review
Manuscript number (if known):	APM-23-589

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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastxNonexNone	36 months
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	xNone		
	manuscript writing or educational events			
6	Payment for expert testimony	xNone		
	testimony			_
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		_
	pending			
9	Participation on a Data	x_None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	x None		
10	in other board, society,			_
	committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	x_None		
12	Receipt of equipment,	x None		
12	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	x_None		
	financial interests			
	se summarize the above co	nflict of interest in the follo	owing box:	

Date:_27. November 2023		
Your Name:Poul Videbech		
Manuscript Title: End-of-life care for	cancer patients v	vith pre-existing severe mental disorders - A systematic review
Manuscript number (if known):	APM-23-589	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	x_None	
	pending		
_	Posticiontino de a Data	Nana	
9	Participation on a Data Safety Monitoring Board or	x_None	
	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,	xNone	
12	materials, drugs, medical	^_NONE	
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the foll	owing box:
Г.			
'	No conflicts of interest		

Date:_27-11-2023		
Your Name:_Mette Kjærgaard Nielse	n	
Manuscript Title: End-of-life care for	cancer patients with pre-existing severe mental disorders - A systematic review	
Manuscript number (if known):	APM-23-589	

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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				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert	None				
	testimony					
7	Support for attending meetings and/or travel	None				
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			_		
	group, paid or unpaid					
11	Stock or stock options	None				
42		A1				
12	Receipt of equipment, materials, drugs, medical	None		_		
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Dla	Please summarize the above conflict of interest in the following box:					
rie	ase summanze the above co	minut of interest in the folio	JWIIIE DOX.			
	No conflicts of interest.					
'	to commets of interest.					

Date:21.12.23	
Your Name:Jane Ege Møller	
Manuscript Title: End-of-life care for	cancer patients with pre-existing severe mental disorders - A systematic review
Manuscript number (if known):	APM-23-589

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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			
,	lectures, presentations,	None		-	
	1			-	
	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			
	in other board, society,			_	
	committee or advocacy			_	
	group, paid or unpaid				
11	Stock or stock options	None			
	Stock of Stock options				
				-	
12	Receipt of equipment,	None		-	
12	materials, drugs, medical	None		_	
	writing, gifts or other				
42	services			_	
13	Other financial or non-	None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
_					
ı	None				
- 1					

Date:	28.11.23		
Your Name	: Louise Elkjær Fløe		
Manuscript Title: End-of-life care for cancer patients with pre-existing severe mental disorders - A systematic review			
Manuscrip	t number (if known): APM-23-589		

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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			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
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	Nana			
11	11 Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	None			
13	financial interests	None			
Plea	Please summarize the above conflict of interest in the following box:				
	Nothing to declare				

Date: 12.20.2023

Your Name: Terese Myhre Bentson

Manuscript Title: End-of-life care for cancer patients with pre-existing severe mental disorders - A systematic review

Manuscript number (if known): APM-23-589

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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	

	lectures, presentations, speakers bureaus, manuscript writing or educational events				
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: 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					
forr	form.				

Payment or honoraria for

None

Date:_26. November 2023		
Your Name:Mette Asbjoern Neerg	aard	
Manuscript Title: End-of-life care for	cancer patients w	ith pre-existing severe mental disorders - A systematic review
Manuscript number (if known):	APM-23-589	

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2	Grants or contracts from any entity (if not indicated	Time frame: pastxNone	36 months
3	in item #1 above). Royalties or licenses	xNone	
4	Consulting fees	x_None	

5	Payment or honoraria for	xNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
6	educational events Payment for expert	x None			
0	testimony	xNone			
	testimony				
7	Support for attending	x_None			
,	meetings and/or travel				
8	Patents planned, issued or	xNone			
	pending				
9	Participation on a Data	xNone			
	Safety Monitoring Board or				
	Advisory Board				
10		xNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		x None			
12	Receipt of equipment,	xNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13		_xNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	No conflicts of interest				