

## ICMJE DISCLOSURE FORM (OLIVIA MONTON)

**Date:** April 10, 2024

**Your Name:** Olivia Monton

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

**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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_____	My time on the study was supported by the National Cancer Institute (NCI). Grant number: 1R01CA252101-01A1.
<b>Time frame: past 36 months</b>			
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	<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:**

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**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 (SHANNON FULLER)

**Date:** April 10, 2024

**Your Name:** Shannon Fuller

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

**Manuscript number (if known):**

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## ICMJE DISCLOSURE FORM (AMN SIDDIQI)

**Date:** April 10, 2024

**Your Name:** Amn Siddiqi

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

**Manuscript number (if known):**

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## ICMJE DISCLOSURE FORM (ALISON P. WOODS)

**Date:** April 10, 2024

**Your Name:** Alison P. Woods

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

**Manuscript number (if known):**

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## ICMJE DISCLOSURE FORM (TALEAA MASROOR)

**Date:** April 10, 2024

**Your Name:** Taleaa Masroor

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

**Manuscript number (if known):**

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## ICMJE DISCLOSURE FORM (ROBERT JOYNER)

**Date:** April 10, 2024

**Your Name:** Robert Joyner

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

**Manuscript number (if known):**

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## ICMJE DISCLOSURE FORM (RONIT ELK)

**Date:** April 10, 2024

**Your Name:** Ronit Elk

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

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## ICMJE DISCLOSURE FORM (JILL OWCZARZAK)

**Date:** April 10, 2024

**Your Name:** Jill Owczarzak

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

**Manuscript number (if known):**

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## ICMJE DISCLOSURE FORM (FABIAN M. JOHNSTON)

**Date:** April 10, 2024

**Your Name:** Fabian M. Johnston

**Manuscript Title:** African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

**Manuscript number (if known):**

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