

ICMJE DISCLOSURE FORM

Date: 3/17/2021

Your Name: Amber Comer

Manuscript Title: Medical decision making about long-term artificial nutrition after severe stroke: a case report

Manuscript number (if known): APM-20-2094

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 type="checkbox"/> None	
		National Palliative Care Research Center	Kornfield Scholars Grant
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,	<input checked="" type="checkbox"/> 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 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 <ul style="list-style-type: none"> • Chair of Ethics Committee - American Academy of Hospice and Palliative Medicine • Member of Public Policy Committee – American Academy of Hospice and Palliative Medicine 	Unpaid Positions
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:

Dr. Comer received grant funding from the National Palliative Care Research Center as a Kornfield Scholar. Dr. Comer is the chair of the Ethics Committee and a member of the Public Policy Committee for the American Academy of Hospice and Palliative Medicine.

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: 3-19-21
 Your Name: Linda S. Williams, MD
 Manuscript Title: Medical decision making about long-term artificial nutrition after severe stroke: a case report
 Manuscript number (if known): _____

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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ None	
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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 form.

William

ICMJE DISCLOSURE FORM

Date: March 19, 2021

Your Name: Stephanie Bartlett, PT MS

Manuscript Title: Medical decision making about long-term artificial nutrition after severe stroke: a case report

Manuscript number (if known): APM-20-2094

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None

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ICMJE DISCLOSURE FORM

Date: 3/22/2021

Your Name: Lynn D’Cruz, PT, MPA

Manuscript Title: Medical decision making about long-term artificial nutrition after severe stroke: a case report

Manuscript number (if known): _____

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I have no conflicts of interest to report.

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ICMJE DISCLOSURE FORM

Date: 3/22/2021
 Your Name: Alexia Torke
 Manuscript Title: Medical decision making about long-term artificial nutrition after severe stroke: a case report
 Manuscript number (if known): APM-20-2094

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ NIA	Dr. Torke is supported by a Midcareer Investigator Award in Patient-Oriented Research (K24AG053794)
3	Royalties or licenses	___ None	
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	
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13	Other financial or non-financial interests	___ None	

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<p>Dr. Torke is supported by a Midcareer Investigator Award in Patient-Oriented Research (K24AG053794)</p>
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