Date:May 6, 2021
Your Name:Luke P Legakis
Manuscript Title: Comparison of opioid rotation on pain, symptoms, and daily opioid dose in a supportive care clin
Manuscript number (if known): APM-21-325

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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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	XNone	
4	Consulting fees	XNone	

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	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

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

None.

Date:\_\_\_\_April 14, 2021\_

Consulting fees

X\_None

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You	r Name:Wendy Woo				
Manuscript Title: Comparison of opioid rotation on pain, symptoms, and daily opioid dose in a supportive care clinic					
	Manuscript number (if known): APM-21-325				
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		Name all entities with	Specifications/Comments		
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		relationship or indicate	institution)		
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		needed)			
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	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
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2	Grants or contracts from	XNone			
	any entity (if not indicated				
3	in item #1 above).  Royalties or licenses	X None			
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13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

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

None.

Dat	e:May 4, 2021				
You	r Name:J. Brian Cassel	_			
	Manuscript Title: Comparison of opioid rotation on pain, symptoms, and daily opioid dose in a supportive care clinic Manuscript number (if known): APM-21-325				
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.		
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Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

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any entity (if not indicated

X\_None

X\_\_None

X\_\_None

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12	Receipt of equipment,	X_None			
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	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

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

None.

Date:Apri	25 <sup>th</sup> , 2021
Your Name:	Egidio Del Fabbro_
<b>Manuscript Title</b>	e: Comparison of opioid rotation on pain, symptoms, and daily opioid dose in a supportive care clinic
Manuscript nun	nber (if known): APM-21-325

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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	XNone	
4	Consulting fees	Pfizer	Payment to me

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

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

Dr. Egidio Del Fabbro reports consulting fees from Pfizer.		

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