

## ICMJE DISCLOSURE FORM

Date: June 8, 2021

Your Name: Bhavana Yalamuru

Manuscript Title: Minimally-invasive Pain Management Techniques in Palliative Care

Manuscript number (if known): APM-2020-PCS-04(APM-20-2386)

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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, 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	
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:**

No conflicts of interest to disclose

**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

Date: June 8, 2021 Your Name: Jacqueline Weisbein DO

Manuscript Title: Minimally-invasive Pain Management Techniques in Palliative Care

Manuscript number (if known): APM-2020-PCS-04(APM-20-2386)

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> None	
3	Royalties or licenses	<u> </u> None	
4	Consulting fees	<u> </u> None	
		Medtronic	Consultant/Research
		Abbott	Consultant/Research

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
		Medtronic	Consultant/Research
		Abbott	Consultant/Research
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
		Medtronic	Consultant/Research
		Abbott	Consultant/Research
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
		Abbott	Commercial Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	PSPS	Board Member
		WIPM	Board Member
		ASPN	Board Member
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:**

Clinical research involved with intrathecal pump and spinal cord stimulation.

**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.

**ICMJE DISCLOSURE FORM**

Date: June 8, 2021

Your Name: Amy C.S. Pearson

Manuscript Title: **Minimally-invasive Pain Management Techniques in Palliative Care**

Manuscript number (if known): APM-2020-PCS-04(APM-20-2386)

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<input type="checkbox"/> None Yes	University of Arkansas and the Whistler Anesthesiology Summit for CME presentations

	manuscript writing or educational events		Anesthesia Patient Safety Foundation for social media management services
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	Anesthesia Patient Safety Foundation
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 type="checkbox"/> None	Past president, Women in Anesthesiology
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	

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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.

## ICMJJE DISCLOSURE FORM

Date: June 8, 2021

Your Name: Enas S. Kandil

Manuscript Title: Minimally-invasive Pain Management Techniques in Palliative Care

Manuscript number (if known): APM-2020-PCS-04(APM-20-2386)

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<b>Time frame: past 36 months</b>			
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, speakers bureaus, manuscript writing or educational events	___ None	Invited speaker: Sep 2019 Lidocaine Infusions Coming to a Center Near You. Infusion Nursing Society National Academy, San Diego, California
			Invited Speaker: Nov 2019 Opioid Abuse Management Summit "Developing an Effective and Comprehensive Opioid Management System Across the Health System" Ritz Carlton, Orlando, Florida
6	Payment for expert testimony	<input checked="" type="checkbox"/> ___ X ___ None	
7	Support for attending meetings and/or travel	___ None	Jan 2019 Department of Defense Congressionally Directed Medical Research Program: Gulf War Illness Research Projects (Adhoc grant reviewer)
			Nov 2019 Department of Defense Congressionally Directed Medical Research Program: Gulf War Illness Research Projects (Adhoc grant reviewer)
8	Patents planned, issued or pending	___ None	Patent UTSD.P3601US.P1/ 1001072251 Provisional Patent, Repurposing FDA Approved Drugs for Treatment of Neuropathic Pain Role: Inventor
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> ___ X ___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> ___ X ___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> ___ X ___ None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> ___ X ___ None	

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

I have no conflicts of interest related to this book chapter to disclose. I have disclosed all compensation related to grant review sessions for DOD, invited speaker Honorarium and approved patent.

Enas Kandil, MD, MSc



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.