

ICMJJE DISCLOSURE FORM

Date: 5/29/21

Your Name: Fabian Johnston

Manuscript Title: Surgical Palliative Care Disparities

Manuscript number (if known): APM-2020-PCS-05(APM-20-2394)

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
		Carolinas Medical Center	
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6	Payment for expert testimony	<u> </u> X <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> X <u> </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
		Mesothelioma Applied Research Foundation	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
		Maryland Health Association	
11	Stock or stock options	<u> </u> X <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> X <u> </u> None	
13	Other financial or non-financial interests	<u> </u> X <u> </u> None	

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

None of the above disclosure are conflicts of interest as they relate to clinical disease site expertise and not research of palliative care. The talks given were on palliative care is the only exception and these were invited lectures based on my research and expertise in palliative care.

All authors have completed the ICMJE uniform disclosure form. Fabian Johnston, M.D., M.H.S. reports that he served as an invited guest-editor for the "Palliative Care and Surgery" Focused Issue. The other authors have no conflicts of interest to declare.

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

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Date: 5/29/21
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 Manuscript number (if known): APM-2020-PCS-05(APM-20-2394)

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2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
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