

ICMJE DISCLOSURE FORM

Date: April 10, 2021

Your Name: Buddy Marterre, MD, MDiv

Manuscript Title: Primary Palliative Care for Surgeons: A Narrative Review and Synthesis of Core Competencies

Manuscript number (if known): APM-2020-PCS-10(APM-21-369)-v2

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. | None | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| | | | |
| 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 | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Surgical Palliative Care Society | Founding Councilor |
| 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:

I am a founding Councilor of the Surgical Palliative Care Society (SPCS). This is an unpaid leadership position; I have received no benefits from this leadership position whatsoever; I serve without remuneration of any kind. The organization is a 501 (c) 3 non-profit, which incorporated in 2021. The SPCS's website is mentioned in the article, as is the intention of the SPCS's Education Committee to take up the preliminary core competencies in primary surgical palliative care that were synthesized from the many sources quoted. I do not believe this is a conflict of interest; I am reporting for full transparency merely because the SPCS is mentioned in the article.

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: 4/15/21
 Your Name: Kimberly Kopecky
 Manuscript Title: Primary Palliative Care for Surgeons: A Narrative Review and Synthesis of Core Competencies
 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) |
|---|--|--|---|
| 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 checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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, 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 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: 5/2/2021

Your Name: Pringl Miller, MD FACS

Manuscript Title: Primary Palliative Care for Surgeons: A Narrative and Synthesis of Core Competencies

Manuscript number (if known): APM-2020-PCS-10(APM-21-369)-v2

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. | ___ None | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___ None | |
| | | | |
| 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 | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____ None | |
| 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:

I am a founding Councilor of the Surgical Palliative Care Society (SPCS). This is an unpaid leadership position; I have received no benefits from this leadership position whatsoever; I serve without remuneration of any kind. The organization is a 501 (c) 3 non-profit, which incorporated in 2021. The SPCS's website is mentioned in the article, as is the intention of the SPCS's Education Committee to take up the preliminary core competencies in primary surgical palliative care that were synthesized from the many sources quoted. I do not believe this is a conflict of interest; I am reporting for full transparency merely because the SPCS is mentioned in the article.

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.