ICMJE DISCLOSURE FORM

Date: 7/22/21
Your Name: Alexandra Ferre
Manuscript Title: Narrative Review Palliative Care in Trauma and Emergency General Surgery
Manuscript number (if known): APM-2020-PCS-07(APM-20-2428)

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.

		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,	×None	
	medical writing, article processing charges, etc.) No time limit for this item.		
	No time innt for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	<u>x</u> None	
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	<u>×</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	×None
8	Patents planned, issued or pending	<u>×</u> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>×</u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	<u>×</u> 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.

ICMJE DISCLOSURE FORM

Date: 7/19/2021
Your Name: Belinda DeMario
Manuscript Title: Narrative Review of Palliative Care in Trauma and Emergency General Surgery
Manuscript number (if known): <u>APM-2020-PCS-07(APM-20-2428)</u>

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1			
1	All support for the present manuscript (e.g., funding,	X None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>×</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>×</u> None	
4	Consulting fees	<u>×</u> None	

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

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

None

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Pate:
our Name: Vanessa Ho
Nanuscript Title: Palliative Care In Trauma and Emergency General Surgery
Nanuscript number (if known): <u>APM - 2020 - PCS - 07 (APM - 20 - 2428</u>) -

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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	Clinical and Translational Science Collaborative of Cleveland (KL2 TRO02547) from NCATS
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past	36 months As above
3	Royalties or licenses	None	Up To Date, Royalties
4	Consulting fees	None	Spouse is consultant for Zimmer Biomet, Atricure, Sig Medical, Medtronic, Astro Zeneca

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	5	Payment or honoraria for	None
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10 Leadership or fiduciary role in other board, society, committee or advocacy None			
in other board, society, / Committee or advocacy			
committee or advocacy	10	•	None
			/
group, paid or unpaid			
11 Stock or stock options	11	Stock of stock options	
12 Descript of equipment	12	Dessint of aquinment	Nana
12 Receipt of equipment, None materials, drugs, medical	12		
writing, gifts or other			
services			
13 Other financial or non- None	13		None
financial interests			7

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

NCATS grant Funding Spouse is consultant for multiple companies Royalties from UpTo Date

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

L certify that I have answered every question and have not altered the wording of any of the questions on this form.

7 30 2021