

ICMJE DISCLOSURE FORM

Date: Dec 6th, 2021

Your Name: VIGOURET-VIANT Laurence

Manuscript Title: Development of a Decision-Aid Form (DAF) for the stratification of care in a French comprehensive cancer center. A tool to support care goal identification.

Manuscript number (if known): APM-21-2854

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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	
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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:

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.

Dr Laurence Vigouret-Viant

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Date: Dec 6th, 2021

Your Name: LEGOUPIL Clémence

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Dr Clémence LEGOUPIL

ICMJE DISCLOSURE FORM

Date: Dec 7th, 2021

Your Name: BARDET Aurélie

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Aur lie Bardet

ICMJE DISCLOSURE FORM

Date: Dec 7th, 2021

Your Name: LAURENT Céline

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Céline Laurent

ICMJE DISCLOSURE FORM

Date: Dec 7th, 2021

Your Name: DUCREUX Michel

Manuscript Title: Development of a Decision-Aid Form (DAF) for the stratification of care in a French comprehensive cancer center. A tool to support care goal identification.

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Pr Michel Ducreux

ICMJE DISCLOSURE FORM

Date: Dec 7th, 2021

Your Name: LAURENT Sophie

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Dr Sophie Laurent

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Your Name: MATEUS Christine

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Dr Christine Mateus

ICMJE DISCLOSURE FORM

Date: Dec 6th, 2021

Your Name: DAUCHY Sarah

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Dr Sarah Dauchy

ICMJE DISCLOSURE FORM

Date: Dec 6th, 2021

Your Name: BLOT François

Manuscript Title: Development of a Decision-Aid Form (DAF) for the stratification of care in a French comprehensive cancer center. A tool to support care goal identification.

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Dr François BLOT
N° RPPS : 1000 1264240
Chef du Service de Réanimation
Gustave Roussy – Cancer Campus
114 rue Edouard Vaillant – 94805 VILLEJUIF Cedex
Etb n° 94 0 16 001 3 ccde 11
Tél. 01 42 11 50 84 -- Fax 01 42 11 42 26

