Date: _	Dec 6 th , 2021	
Your N	ame: VIGOURET-VIANT Laurence	
Manus	cript Title: Development of a Decision-Aid Form (DAF) for the stratification of care in a French compre	hen

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
3	Patents planned, issued or pending	XNone	
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	XNone	
11	Stock or stock options	XNone	
L2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	se summarize the above co	nflict of interest in the f	ollowing box:

Dr Laurence Vigouret-Viant

Date: _	Dec 6 th , 2021	
Your Na	ame: <u>LEGOUPIL Clémence</u>	

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

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	XNone	
	testimony		
'	Support for attending	XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
,	pending	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
LO	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	XNone	
2	Receipt of equipment,	X_None	
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Dr Clémence LEGOUPIL

Date: _	Dec 7 th , 2021	
Your Na	ame: BARDET Aurélie	

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

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
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	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone.		
Plea	ase place an "X" next to the	following statement to ind	licate your agreement:

Aurélie Bardet

Date:	Dec 7 th , 2021	
Your Nan	ne: LAURENT Céline	

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

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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Céline Laurent

Date:	Dec 7 th ,	2021							_
Your Na	me: DUC	REUX Mich	el						

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

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Pr Michel Ducreux

Date:	Dec 7 th , 2021	
Your Na	me: <u>LAURENT Sophie</u>	

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

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13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
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Plea	se place an "X" next to the	following statement to inc	licate your agreement:
			ave not altered the wording of any of the questions on t

Dr Sophie Laurent

Date:	Dec 7 th , 2021
Your I	ame: MATEUS Christine
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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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Dr Christine Mateus

Date:	Dec 6 th , 2021							
Your Na	me: DAUCHY Sarah							
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Manuscript Title: <u>Development of a Decision-Aid Form (DAF) for the stratification of care in a French comprehensive</u> <u>cancer center.</u> A tool to support care goal identification.

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		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None
3	Royalties or licenses	XNone
4	Consulting fees	AMCA
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
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11	Stock or stock options	XNone
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13	Other financial or non- financial interests	XNone

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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.			
Dr Sarah Dauchy			

Date:	Dec 6 th , 2021	
Your Nam	e: BLOT François	

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

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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.

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

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