Date: _5/2/2022
Your Name: _Jie Jane Chen
Manuscript Title: _Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti-
Cancer Treatment Near End of Life Among Patients with Metastatic Cancer
Manuscript number (if known): _APM-22-301

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 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.

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

The author has no	conflicts of interest to disclose.		

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.

Date: _5/2/2022
Your Name: _Kee-Young Shin
Manuscript Title: _Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti-
Cancer Treatment Near End of Life Among Patients with Metastatic Cancer
Manuscript number (if known): _APM-22-301

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

I have no conflicts of interest to disclo	se.	

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

<u>x</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: _4/21/2022
our Name: _Peter J. Hong
Manuscript Title: _Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti-
Cancer Treatment Near End of Life Among Patients with Metastatic Cancer
Manuscript number (if known): _APM-22-301

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		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).	National Library of Medicine (NLM)	Grant #: T15LM007092 (Principal Investigators: Alexa T. McCray, Ph.D. & Nils Gehlenborg, Ph.D.)
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
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

I was supported by a National Institutes of Health (NIH) training grant from the National Library of Medicine (Grant #: T15LM007092; Principal Investigators: Alexa T. McCray, Ph.D. & Nils Gehlenborg, Ph.D.). The NIH had no role in the design or conduct of the study.

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.

Date: _5/2/2022
/our Name: _Lauren M. Hertan
Manuscript Title: _Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti-
Cancer Treatment Near End of Life Among Patients with Metastatic Cancer
Manuscript number (if known): APM-22-301

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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 initia	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time illint for this item.		
		T ime of the control	26
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
2	in item #1 above).	Al	
3	Royalties or licenses	None	
	a lii t		
4	Consulting fees	None	

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

I have no conflicts of interest to disclose.	

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.

Your Name: _Monica Krishnan
Manuscript Title: _Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti
Cancer Treatment Near End of Life Among Patients with Metastatic Cancer
Manuscript number (if known): _APM-22-301

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
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		Time of the track to each	3C months
2		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	,	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I have no conflicts of interest to disclose.	

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.

Date: _5/2/2022
Your Name: _Claudia Roldan
Manuscript Title: _Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti-
Cancer Treatment Near End of Life Among Patients with Metastatic Cancer
Manuscript number (if known): APM-22-301

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1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
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	processing charges, etc.) No time limit for this item.		
	No time illint for this item.		
		T ime of the control	26
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
2	in item #1 above).	Al	
3	Royalties or licenses	None	
	a lii t		
4	Consulting fees	None	

Payment or honoraria for	None	
lectures, presentations,		
	Nana	
	None	
testimony		
Support for attending	None	
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Patents planned, issued or	None	
pending		
	None	
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Receipt of equipment,	None	
materials, drugs, medical		
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	None	
inancial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

I have no conflicts of interest to disclose.	

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

<u>x</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: _4/21/2022	
Your Name:	Mai Anh Huynh
Manuscript Title:	Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti-
Cancer Treatment	Near End of Life Among Patients with Metastatic Cancer
Manuscript numb	er (if known): _APM-22-301

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	ViewRay	
	any entity (if not indicated	Dana Farber Cancer	
	in item #1 above).	Institute Early Career	
		Innovation Fund	
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

In the past 36 months, I have been supported by grants from ViewRay and the Dana Farber Cancer Institute. These
grants are not related to the present manuscript.

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.

Date: _4/21/2022
Your Name:Alexander Spektor
Manuscript Title: _Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti-
Cancer Treatment Near End of Life Among Patients with Metastatic Cancer
Manuscript number (if known): _APM-22-301

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ito time illine for tims term.		
		Time frame: past	36 months
2	Grants or contracts from	None None	Burroughs-Wellcome Fund, National Cancer Institute,
-	any entity (if not indicated		Dana-Farber Cancer Institute
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

I have received grants from the Burroughs-Wellcome Fund, National Cancer Institute, and Dana-Farber Cancer Institute for work that are not related to the present manuscript.

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.

Date: _4/21/22
Your Name:Tracy Balboni
Manuscript Title: _Longitudinal Symptoms and Temporal Trends in Palliative Care, Palliative Radiotherapy, and Anti-
Cancer Treatment Near End of Life Among Patients with Metastatic Cancer
Manuscript number (if known): _APM-22-301

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	T	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	140 time illine for tims term.		
		Time frame: past	36 months
2	Grants or contracts from	NIH NIAMS	
_	any entity (if not indicated	Templeton Foundation	
	in item #1 above).	- Completon i Ganadion	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	

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are not related to the present manuscript.

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