

ICMJE DISCLOSURE FORM

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 **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:

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.

ICMJE DISCLOSURE 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: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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7	Support for attending meetings and/or travel	___ None	
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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	

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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.

ICMJE DISCLOSURE FORM

Date: 4/21/2022
 Your 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: 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	<u>None</u>	
4	Consulting fees	<u>None</u>	

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 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:

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ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your 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

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Time frame: past 36 months			
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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	
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ICMJE DISCLOSURE FORM

Date: 5/2/2022

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

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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	

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ICMJE DISCLOSURE 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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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	
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11	Stock or stock options	___ None	
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ICMJE DISCLOSURE 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 number (if known): APM-22-301

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	ViewRay	
		Dana Farber Cancer 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	

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

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.

ICMJE DISCLOSURE 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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	Burroughs-Wellcome Fund, National Cancer Institute, Dana-Farber Cancer Institute
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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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 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.

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ICMJE DISCLOSURE 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

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		Templeton Foundation	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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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:

In the past 36 months, I have been supported by grants from the NIH and the Templeton Foundation. These grants are not related to the present manuscript.

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