Date:7/7/2021
Your Name:Brittany Kimball
Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Education_
Manuscript number (if known): PCM-21-16

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)	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,	_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 any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	

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

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

Da	te:7/7/2021			
Yo	ur Name:Matthew Ku	udek		
Ma	anuscript Title: Empowering	Childhood Cancer Survivo	rs through Integrated, Individualized Health Insurance Edu	ication_
Ma	anuscript number (if known)	: PCM-21-16		
In t	the interest of transparency	, we ask you to disclose a	Il relationships/activities/interests listed below that are	
rel	ated to the content of your	manuscript. "Related" me	eans any relation with for-profit or not-for-profit third	
pa	rties whose interests may be	e affected by the content	of the manuscript. Disclosure represents a commitment	
to	transparency and does not i	necessarily indicate a bias	. If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you d	o so.	
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other ite	e
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
		Time frame: Since the initia	al planning of the work	
l	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.	x None		

Time frame: past 36 months

__x_ None

_x___ None

Grants or contracts from

in item #1 above).

Royalties or licenses

3

any entity (if not indicated

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

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

Date:7/6/2021
Your Name:Daniel V. Ly
Manuscript Title: Empowering Childhood Cancer Survivors through Integrated,
Individualized Health Insurance Education
Manuscript number (if known): PCM-21-16

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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		
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.	_X None			
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above)	_X_ None			
	in item #1 above).				
3	Royalties or licenses	_X None			

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

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

Date:07/08/2021

Your Name:Sarah Eagle
Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance
Education
Manuscript number (if known):

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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	
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.	X None		
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	X_ None		

4	Consulting fees	X None	
-	Consulting rees		
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Cuppert for attending	V None	
/	Support for attending meetings and/or travel	X_ None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data	_X None	
9	Safety Monitoring Board or	_A None	
	Advisory Board		
10	Leadership or fiduciary role	V None	
10	in other board, society,	_X None	
	committee or advocacy		
- 11	group, paid or unpaid	V N	
11	Stock or stock options	X_ None	
4.5			
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_X None	

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

Date:7/8/2021	_
Your Name:Vanessa Hausman	_
Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Education_	
Manuscript number (if known): PCM-21-16	_

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

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

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Dat	e:	7/7	7/21
	ır Name:		
		Navigating Transition in Cancer Survivorship: The Role of Health Insurance Education for	
Chi	Idhood Cancer Survivors		
Ma	nuscript number (if known)):	
rela par to t	ited to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the series of the manuscript. If you are in doubt about whether to list a poso.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to t me In i	he epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	I planning of the work
	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.	X None	
		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	X None	

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

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Date:July 9th, 2021 Your Name:Eleanor Plaunt Manuscript Title:Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Manuscript number (if known):PCM-21-16
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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) 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.	XNone	
		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	Y Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	

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

Da	te:7/7/2021		
Υo	ur Name: <u>Karim Sadak</u>		
Ma	anuscript Title: <u>Empow</u>	ering Childhood Cancer Su	urvivors through Integrated, Individualized Health Insurance
Ed	ucation		
Ma	anuscript number (if known): PCM-21-16	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mo e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains to all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	X None	
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
)	Grants or contracts from	_X None	
	any entity (if not indicated		
	in item #1 above).		
}	Royalties or licenses	X None	

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

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