Date: 2/5/23	_
Your Name: Dede Teteh	
Manuscript Title: Social Determinants of Health among Family Caregivers Centered Outcomes	in Lung Cancer: A
Systematic Review	_
Manuscript number (if known):	

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</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.

		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.	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	

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mittee or advocacy						
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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.

Date: 2/5/23	_
Your Name: Madeleine Love	
Manuscript Title: Social Determinants of Health among Family Caregivers Centered Outcomes	in Lung Cancer: A
Systematic Review	_
Manuscript number (if known):	

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		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)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past XNone	36 months
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	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
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			
11	group, paid or unpaid Stock or stock options	X None		
11	Stock of Stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plaa	Please summarize the above conflict of interest in the following boy:			

I have no conflicts 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:2/5/23	
Your Name:I	Marissa Ericson, PhD
Manuscript Title:	Social Determinants of Health among Family Caregivers Centered Outcomes in Lung Cancer
A Systematic Re	eview
Manuscript numb	per (if known):

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
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	xNone	
4	Consulting fees	_x None	

5	Payment or honoraria for	_xNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	_x_None			
	testimony				
7	Support for attending	_x_None			
	meetings and/or travel				
8	Patents planned, issued or	_x_None			
	pending				
9	Participation on a Data	_xNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	x_None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
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-	xNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

N/A			

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 : 2/5/23	
Your Name: Marissa	:han
Manuscript Title: So	ial Determinants of Health among Family Caregivers Centered Outcomes in Lung Cancer: A
Systematic Review	
Manuscript number	f known):

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: 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.	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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plaa	se summarize the ahove co	inflict of interest in the fo	llowing hov:

I have no conflicts 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:	2	/5	/2022
Date.	_	, ,,	2022

Your Name: Tanyanika Phillips MD MPH

Manuscript Title: Social Determinants of Health among Family Caregivers Centered Outcomes in Lung Cancer: A

Systematic Review

Manuscript number (if known):	
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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 None	planning of the work
		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		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the fol	lowing box:

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:2/5/23
Your Name: Aroona Toor
Manuscript Title: Social Determinants of Health among Family Caregivers Centered Outcomes in Lung Cancer: A
Systematic Review
Manuscript number (if known):

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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).	x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

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

I have no conflicts of interest.		

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: 2/5/23	ate:	5/23
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Your Name: Betty Ferrell

Manuscript Title: Social Determinants of Health among Family Caregivers Centered Outcomes in Lung Cancer: A

Systematic Review

Manuscript number (if known):				

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) 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	X 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	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5		X None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
0	Double in the control of the	V Name	
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,	Anone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests	X None	
Plea	ase summarize the above co	inflict of interest in the fol	lowing box:

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:	Feb 5 <i>,</i> 2023	
Your Name:	Loretta Erhunmwunsee MD _	
Manuscript Title: Soci	ial Determinants of Health amon	g Family Caregivers Centered Outcomes in Lung Cancer: A
Systematic Review		
Manuscript number (i	f known):	

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: 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).	Lung Cancer Research Foundation	Payments made to my institution for lung cancer screening in underrepresented minorities adherence study.
		American Assoc of Thoracic Surgery	Payments made to my institution for lung cancer screening in underrepresented minorities adherence study.
3	Royalties or licenses	XNone	

4	Consulting fees	None	
		Astrazeneca	I sat on their health disparities advisory board in 2021.
5	Payment or honoraria for	None	
	lectures, presentations,	Astrazeneca	I gave a presentation to the organization on Barriers to
	speakers bureaus,	Pharmaceuticals	LCS in July 2022.
	manuscript writing or	Gilead Oncology	I gave a health equity presentation to the organization in
	educational events		March 2022.
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	Lung Cancer Research	Member of their scientific advisory board
	committee or advocacy	Foundation	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Lung Cancer Research Foundation - Payments made to my institution for lung cancer screening in underrepresented minorities adherence study. Member of their scientific advisory board.

American Assoc of Thoracic Surgery - Payments made to my institution for lung cancer screening in underrepresented minorities adherence study.

Gilead Oncology - I gave a health equity presentation to the organization in March 2022.

Astrazeneca Pharmaceuticals - I gave a presentation to the organization on Barriers to LCS in July 2022. I sat on their health disparities advisory board in 2021.

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: 2/5/23	
Your Name: Susanne B. Montgomery	
Manuscript Title: Social Determinants of Health among Family Caregivers Centered Outcomes in Lung Cancer:	A
Systematic Review	
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)
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.	Time frame: Since the initialx None	planning of the work
		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	

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

Please summarize the above conflict of interest in the following box: I have no conflict of interests.

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:2-5-23
Your Name: Virginia Sun
Manuscript Title: Social Determinants of Health among Family Caregivers Centered Outcomes in Lung
Cancer: A Systematic Review
Manuscript number (if known):

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 initia	planning of the work
1	All support for the present		
	manuscript (e.g., funding,	National Cancer Institute	Competitively secured grant funding for research
	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	National Cancer Institute	Competitively secured grant funding for research
	in item #1 above).	Patient Centered	Competitively secured grant funding for research
		Outcomes Research	
		Institute	
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	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
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	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:

Please place an " \mathbf{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:	_2/5/23
Your Name:_	_Jae Y. Kim
Manuscript 1	Fitle: Social Determinants of Health among Family Caregivers Centered Outcomes in Lung Cancer: A
Systematic 1	Review
Manuscript i	number (if known):

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</u> <u>manuscript only</u>.

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