Date:Mar. 30th, 2021
Your Name:Michael Curry
Manuscript Title: High Hospital Volume is Associated with More Consistent Long-Term Mortality Rates
Manuscript number (if known): JHMHP-20-118-R3

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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	V None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
11	Stock of Stock options	^NOTIE	
12	Possint of agricument	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone.		
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	e:Mar. 30th, 2021		
	r Name: Allison Lipitz-Sn	· —	
			d with More Consistent Long-Term Mortality Rates
Mar	nuscript number (if known):	JHMHP-20)-118-R3
rela part to to rela The <u>mar</u>	ted to the content of your name ies whose interests may be cansparency and does not not it in the interest, it following questions apply the inscript only.	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do o the author's relationship	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains
med	lication, even if that medica	tion is not mentioned in t	all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,
	time frame for disclosure is	•	and this manuscript without time mint. For an other items,
		•	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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)
		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)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work
the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work
the 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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work
the 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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work

Consulting fees

X__None

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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	V None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
11	Stock of Stock options	^NOTIE	
12	Possint of agricument	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone.		
L			

Date:	_Mar. 30 th , 2021
Your Name	e: David M. Rubin
Manuscrip	t Title: High Hospital Volume is Associated with More Consistent Long-Term Mortality Rates
Manuscrip	t number (if known): IHMHP-20-118-R3

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	XNone	
	in item #1 above).		
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	XNone	
	testimony		
7	Company for attack the	V. Nava	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
0	Determination and included an	V. None	
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nene	
10	Leadership or fiduciary role in other board, society,	XNone	
	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-	X None	
13	financial interests		
Plea	ise summarize the above co	nflict of interest in the foll	owing box:
l V	lone.		

Date: Mar 30th, 2021	
Your Name: Diane G. Li	
Manuscript Title: High Hospital Volume is Associated with More Consistent L	.ong-Term Mortality Rates
Manuscript number (if known): JHMHP-20-118-R3	
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parties whose interests may be affected by the content of the manuscript. Disclosi to transparency and does not necessarily indicate a bias. If you are in doubt about	ure represents a commitment

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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	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	V None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
11	Stock of Stock options	^NOTIE	
12	Possint of agricument	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
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Date:Mar. 30 th , 2021
Your Name: Elaine Duck
Manuscript Title: High Hospital Volume is Associated with More Consistent Long-Term Mortality Rate
Manuscript number (if known): JHMHP-20-118-R3

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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	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	Double in the control of the control	V None	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nana	
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, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non- financial interests	XNone	
Plea	Please summarize the above conflict of interest in the following box:		
N	lone.		

Date:March 30, 2021
Your Name:Mark H. Radzyner
Manuscript Title: High Hospital Volume is Associated with More Consistent Long-Term Mortality Rates
Manuscript number: JHMHP-20-118-R3

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1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
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	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	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		

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

None.		

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.

WH Rodzynin

Mark Radzyner, SVP Managed Care 3/30/21

Date: Feb 25th, 2020 Your Name: Peter Bach

Manuscript Title: High Hospital Volume is Associated with More Consistent Long-Term Mortality Rates

Manuscript number (if known): JHMHP-20-118-R3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Arnold Ventures Kaiser Permanente	
3	Royalties or licenses	XNone	
4	Consulting fees	Foundation Medicine, Grail	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Mercer, United Rheumatology, Morgan Stanely, NYS Rheumatology society Oppenheimer & Co, Cello Health, Oncology analytics, Anthem, Magellan Health, Kaiser Permanente, Congressional Budge Office America's Health Insurance Plans, Geisinger, Weil Cornell Medicine, National Pharmaceutical Council	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	United Rheumatology, Oppenheimer & Co, Oncology Analytics Kaiser Permanente, Congressional Budget Office, America's Health Insurance Plans Geisinger	
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	EQRX	
11	Stock or stock options	EQRx Grail Oncology Analytics	
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:

Dr. Bach reports personal fees from Mercer, personal fees and non-financial support from United Rheumatology, personal fees from Foundation Medicine, personal fees from Grail, personal fees from Morgan Stanley, personal fees from NYS Rheumatology Society, personal fees and non-financial support from Oppenheimer & Co, personal fees from Cello Health, personal fees, non-financial support and other from Oncology Analytics, personal fees from Anthem, personal fees from Magellan Health, personal fees and non-financial support from Kaiser Permanente Institute for Health Policy, personal fees and non-financial support from Congressional Budget Office, personal fees and non-financial support from America's Health Insurance Plans, grants from Kaiser Permanente, grants from Arnold Ventures, personal fees and non-financial support from Geisinger, personal fees from EQRx, personal fees from Meyer Cancer Center of Weill Cornell Medicine, personal fees from National Pharmaceutical Council, outside the submitted work.

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