

ICMJE DISCLOSURE FORM

Date: July 20, 2023

Your Name: Michelle Kilcoyne

Manuscript Title: Facility type and cancer outcomes in the United States

Manuscript number (if known): ACE-23-4

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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> <u> </u> <u>X</u> <u> </u> None	
6	Payment for expert testimony	<u> </u> <u> </u> <u>X</u> <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <u> </u> <u>X</u> <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <u> </u> <u>X</u> <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <u> </u> <u>X</u> <u> </u> None	
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Please summarize the above conflict of interest in the following box:

Nothing 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.

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Date: July 20, 2023

Your Name: Vutha Nhim

Manuscript Title: Facility type and cancer outcomes in the United States

Manuscript number (if known): ACE-23-4

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ICMJE DISCLOSURE FORM

Date: July 20, 2023

Your Name: Mayra A. Gonzalez

Manuscript Title: Facility type and cancer outcomes in the United States

Manuscript number (if known): ACE-23-4

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ICMJE DISCLOSURE FORM

Date: July 20, 2023

Your Name: Idaly M. Olivas MS

Manuscript Title: Facility type and cancer outcomes in the United States

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Date: July 20, 2023

Your Name: Anna M. Eiring, PhD

Manuscript Title: Facility type and cancer outcomes in the United States

Manuscript number (if known): ACE-23-4

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		Cancer Prevention & Research Institute of Texas	Texas Regional Excellence in Cancer award to Rajkumar Lakshmanaswamy, with some funds supporting the Eiring research lab.
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Anna Eiring is funded by the American Cancer Society and the Cancer Prevention and Research Institute of Texas. Aside from grant funding, there is nothing to disclose.

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