

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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**Other:** Anything not covered under the previous three boxes

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date  
 Janet H. Van Cleave 11-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
 The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)  
 mh-19-260

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Louis and Rachel Rudin Foundation Interdisciplinary Pilot Project	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Cleave, PI
2017 Palliative Care Research Cooperative Group Investigator Development Pilot [funded by National Institute of Nursing Research U24NR014637]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Cleave, PI
NYU University Research Challenge Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Cleave, PI
John A. Harford Foundation Change AGEnts Action Award	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Cleave, PI

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Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Van Cleave reports grants from Louis and Rachel Rudin Foundation Interdisciplinary Pilot Project , grants from 2017 Palliative Care Research Cooperative Group Investigator Development Pilot [funded by National Institute of Nursing Research U24NR014637] , grants from NYU University Research Challenge Fund, grants from John A. Harford Foundation Change AGENTS Action Award, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mei R

2. Surname (Last Name)  
Fu

3. Date  
13-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name

5. Manuscript Title  
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)  

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NIH/2017 Palliative Care Research Cooperative Group Investigator Development Pilot Award	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant , Co-investigator
New York University Research Challenge Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant , Co-investigator
John A. Harford Foundation Change AGEnts Action Award	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant , Co-investigator

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Antonia V.

2. Surname (Last Name)  
Bennett

3. Date  
11-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Janet H. Van Cleave

5. Manuscript Title  
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)  
mHealth-19-250

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Dr. Bennett has nothing to disclose.

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1. Given Name (First Name)  
Catherine

2. Surname (Last Name)  
Concert

3. Date  
11-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Janet H. Van Cleave

5. Manuscript Title  
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

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mHealth-19-250

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1. Given Name (First Name) Ann	2. Surname (Last Name) Riccobene	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anh	2. Surname (Last Name) Tran	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions		
6. Manuscript Identifying Number (if you know it) mHealth-19-250		

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Dr. Tran has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Allison

2. Surname (Last Name)  
Most

3. Date  
11-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Janet H. Van Cleave

5. Manuscript Title  
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Dr. Most has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Maria

2. Surname (Last Name)  
Kamberi

3. Date  
11-May-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Janet H. Van Cleave

5. Manuscript Title  
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Maria Kamberi, PA-C has nothing to disclose.

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1. Given Name (First Name) Jacqueline	2. Surname (Last Name) Mojica	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet H. Van Cleave
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Dr. Mojica has nothing to disclose.

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1. Given Name (First Name)  
Justin

2. Surname (Last Name)  
Savitski

3. Date  
11-May-2020

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Corresponding Author's Name  
Janet H. Van Cleave

5. Manuscript Title  
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Justin Savitski, PA-C has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elise

2. Surname (Last Name)  
Kusche

3. Date  
11-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Janet H. Van Cleave

5. Manuscript Title  
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)  
mHealth-19-250

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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NP. Kusche has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mark S.

2. Surname (Last Name)

Persky

3. Date

11-May-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Janet H. Van Cleave

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Persky has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Zujun

2. Surname (Last Name)  
Li

3. Date  
11-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Janet H. Van Cleave

5. Manuscript Title  
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)  
mHealth-19-250

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Dr. Li has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Adam

2. Surname (Last Name)

Jacobson

3. Date

11-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Janet H. Van Cleave

5. Manuscript Title

The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

6. Manuscript Identifying Number (if you know it)

mHealth-19-250

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Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No



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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kenneth S.	2. Surname (Last Name) Hu	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions		
6. Manuscript Identifying Number (if you know it) mHealth-19-250		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Hu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael J.	2. Surname (Last Name) Persky	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions		
6. Manuscript Identifying Number (if you know it) mHealth-19-250		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 5. Relationships not covered above

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Dr. Persky has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Eva	2. Surname (Last Name) Liang	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions		
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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Patricia M.	2. Surname (Last Name) Corby	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet H. Van Cleave
5. Manuscript Title The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions		
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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Brian L.      2. Surname (Last Name) Egleston      3. Date 11-May-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Janet H. Van Cleave

5. Manuscript Title  
The Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: Using mHealth Technology To Support Real Time Clinical Interventions

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
U.S.A. National Institutes of Health/National Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P30CA006927 (Fox Chase Cancer Center Support Grant)

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Dr. Egleston reports grants from U.S.A. National Institutes of Health/National Cancer Institute, during the conduct of the study.

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