

ICMJE DISCLOSURE FORM

Date: 6/26/2025

Your Name: André Paul Wolff

Manuscript Title: De percutane chordotomie: een effectieve behandeling van oncologische pijn in een palliatief traject

Manuscript Number (if known): D8279

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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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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>NFU master quality and safety</td> <td>Supervisor of students</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		NFU master quality and safety	Supervisor of students								
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>EFIC congress, council</td> <td>2023 Budapest</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		EFIC congress, council	2023 Budapest								
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Pain Alliance in the Netherlands</td> <td>Chair, unpaid</td> </tr> <tr> <td>EFIC</td> <td>Council, unpaid</td> </tr> <tr> <td>Social Impact of Pain</td> <td>Council, unpaid</td> </tr> <tr> <td>INTERREG pain in the Eems-Dollard Region</td> <td>PI</td> </tr> <tr> <td>Guideline Organization of chronic pain (NVA)</td> <td>Chair, attendance fees</td> </tr> </table>		Pain Alliance in the Netherlands	Chair, unpaid	EFIC	Council, unpaid	Social Impact of Pain	Council, unpaid	INTERREG pain in the Eems-Dollard Region	PI	Guideline Organization of chronic pain (NVA)	Chair, attendance fees
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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.