

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.

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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.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amit

2. Surname (Last Name)
Sawant

3. Date
06-April-2020

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

5. Manuscript Title
Proton Stereotactic Body Radiation Therapy for Non-Small Cell Lung Cancer: Work in Progress

6. Manuscript Identifying Number (if you know it)
ATM-20-2975

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Varian Medical Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision RT Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sawant reports grants from Varian Medical Systems, non-financial support from Vision RT Inc, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Tejan

2. Surname (Last Name)
Diwanji

3. Date
06-April-2020

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

5. Manuscript Title
Proton Stereotactic Body Radiation Therapy for Non-Small Cell Lung Cancer: Work in Progress

6. Manuscript Identifying Number (if you know it)
ATM-20-2975

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Diwanji 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)
Pranshu

2. Surname (Last Name)
Mohindra

3. Date
04-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Proton Stereotactic Body Radiation Therapy for Non-Small Cell Lung Cancer: Work in Progress

6. Manuscript Identifying Number (if you know it)
ATM-20-2975

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Dr. Mohindra 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) Nirav	2. Surname (Last Name) Patel	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pranshu Mohindra
5. Manuscript Title Proton Stereotactic Body Radiation Therapy for Non-Small Cell Lung Cancer: Work in Progress		
6. Manuscript Identifying Number (if you know it) ATM-20-2975(E2020030278-31015121-NHH)		

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Dr. Patel has nothing to disclose.

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1. Given Name (First Name) Terence 2. Surname (Last Name) Sio 3. Date 06-April-2020

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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novocure, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory Board Member

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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Dr. Sio reports non-financial support from Novocure, Inc., outside the submitted work; .

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