Date: 10/10/2022 Your Name: Sanjna Shelukar		
•	Mild Ocular Toxicity Using Low-Dose "Boom-Boom" Radiotherapy for Indole	ent
Orbital Lymphoma		
Manuscript number (if known):	CCO-22-84	
• • • •	bu to disclose all relationships/activities/interests listed below that are	

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		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)
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.	Time frame: Since the initial XNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
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 meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	X None
	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	XNone
12	Receipt of equipment,	X None
12	materials, drugs, medical	XNone
	writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	
Plea	ase summarize the above co	nflict of interest in the following box:
N	lone	

Date: 10/10/2022 Your Name: Christian Fernandez		
	d Mild Ocular To	xicity Using Low-Dose "Boom-Boom" Radiotherapy for Indolent
	u Miliu Ocular 10	xicity using tow-pose boom-boom Radiotherapy for indolent
Orbital Lymphoma		
Manuscript number (if known):	CCO-22-84	
•	•	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

- I	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		
_		N. M.	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	X_None	
Ple	ase summarize the above co	nflict of interest in the following box:	
1	None		
ı			

Date: 10/10/2022		
Your Name: Zeynep Bas		
Manuscript Title: High Local Control and	Mild Ocular Toxici	tity Using Low-Dose "Boom-Boom" Radiotherapy for Indolen
Orbital Lymphoma		
Manuscript number (if known):	CCO-22-84	
•		relationships/activities/interests listed below that are

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

- I	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		
_		N. M.	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	X_None	
Ple	ase summarize the above co	nflict of interest in the following box:	
1	None		
ı			

Date: 10/10/2022		
Your Name: Lydia Komarnicky		
Manuscript Title: High Local Control and Mi	d Ocular Toxicity Using Low-Dose "Boor	m-Boom" Radiotherapy for Indolent
Orbital Lymphoma Manuscript number (if known):	CCO-22-84	
In the interest of transparency, we ask you related to the content of your manuscript.	•	

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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNoneXNone	36 months
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 meetings and/or travel	XNone	
_			
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	illianciai iliterests		
Disa			
Plea	ise summarize the above co	ntilet of interest in the fol	lowing box:
	None		

Date: 10/10/2022		
Your Name: Sara Lally		
Manuscript Title: High Local Control and	d Mild Ocular Toxicity Us	ing Low-Dose "Boom-Boom" Radiotherapy for Indolent
Orbital Lymphoma		
Manuscript number (if known):	CCO-22-84	
	-	onships/activities/interests listed below that are

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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.	Time frame: Since the initial X_None	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
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		
_		N. M.	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	X_None	
Ple	ase summarize the above co	nflict of interest in the following box:	
1	None		
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Date: 10/10/2022		
Your Name: Carol Shields		
Manuscript Title: High Local Control and	Aild Ocular Toxicity Using Low-Dose "Boom-Boom" Radiotherapy for I	ndolent
Orbital Lymphoma		
Manuscript number (if known):	CCO-22-84	
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		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 initia	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	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		
_		N. M.	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	X_None	
Ple	ase summarize the above co	nflict of interest in the following box:	
1	None		
ı			

Date: 10/10/2022
Your Name: Adam Binder
Manuscript Title: High Local Control and Mild Ocular Toxicity Using Low-Dose "Boom-Boom" Radiotherapy for Indolent
Orbital Lymphoma
Manuscript number (if known):
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		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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	36 MONUIS
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
3	no fariles of ficerises		
4	Consulting fees	Genzyme	Paid to me
	_	Oncopeptides	Paid to me

5	Daymont or honoraria for	V None	
Э	Payment or honoraria for	XNone	
	lectures, presentations,		
	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	X_None	
	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	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the f	ollowing box:

Date: 10/10/2022		
Your Name: Pierluigi Porcu		
Manuscript Title: High Local Control and	Mild Ocular Toxicity Usin	g Low-Dose "Boom-Boom" Radiotherapy for Indolent
Orbital Lymphoma		
Manuscript number (if known):	CCO-22-84	
		nships/activities/interests listed below that are

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		Time frame: Since the initial	planning of the work
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	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_		N. M.	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	X_None	
Ple	ase summarize the above co	nflict of interest in the following box:	
1	None		
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Your Name: Seyfettin Onder Alpdogan	
Manuscript Title: High Local Control and N	Aild Ocular Toxicity Using Low-Dose "Boom-Boom" Radiotherapy for Indolent
Orbital Lymphoma	
Manuscript number (if known):	CCO-22-84
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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 meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	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	XNone			
12	Receipt of equipment,	X None			
12	materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone				

Date: 10/10/2022				
Your Name: Ubaldo Martinez-Outschoorn				
Manuscript Title: High Local Control and N	Mild Ocular Toxicity Using Lo	w-Dose "Boom-Boom" Radiotherapy for Indolent		
Orbital Lymphoma				
Manuscript number (if known):	CCO-22-84			
In the interest of transparency, we ask yo	ou to disclose all relationship	os/activities/interests listed below that are		

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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	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	lone			

Date: 10/10/2022		
Your Name: Wenyin Shi		
Manuscript Title: High Local Control and	Mild Ocular Toxicity Using L	ow-Dose "Boom-Boom" Radiotherapy for Indolent
Orbital Lymphoma		
Manuscript number (if known):	CCO-22-84	
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	Brainlab Novocure Varian	paid to me paid to me paid to me
		Zai lab	paid to me

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 meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or	None			
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
44	group, paid or unpaid	W. Al			
11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
40	services	W. N.			
13	Other financial or non- financial interests	XNone			
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Plea	Please summarize the above conflict of interest in the following box:				
N	lone				