

ICMJE DISCLOSURE FORM

Date: 06/02/2021

Your Name: Howard E. Morgan

Manuscript Title: Exploratory ensemble interpretable model for predicting local failure in head and neck cancer: the additive benefit of CT and intra-treatment CBCT features

Manuscript number (if known): QIMS-21-274

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

<p>This author has no conflicts of interest to disclose.</p>
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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 06/02/2021

Your Name: Kai Wang

Manuscript Title: Exploratory ensemble interpretable model for predicting local failure in head and neck cancer: the additive benefit of CT and intra-treatment CBCT features

Manuscript number (if known): QIMS-21-274

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ICMJE DISCLOSURE FORM

Date: 06/02/2021

Your Name: Michael Dohopolski

Manuscript Title: Exploratory ensemble interpretable model for predicting local failure in head and neck cancer: the additive benefit of CT and intra-treatment CBCT features

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ICMJE DISCLOSURE FORM

Date: 06/02/2021

Your Name: Xiao Liang

Manuscript Title: Exploratory ensemble interpretable model for predicting local failure in head and neck cancer: the additive benefit of CT and intra-treatment CBCT features

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ICMJE DISCLOSURE FORM

Date: 06/02/2021

Your Name: Michael R. Folkert

Manuscript Title: Exploratory ensemble interpretable model for predicting local failure in head and neck cancer: the additive benefit of CT and intra-treatment CBCT features

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6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Varian, Inc.	Travel Reimbursement
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
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Date: 06/02/2021

Your Name: David J. Sher

Manuscript Title: Exploratory ensemble interpretable model for predicting local failure in head and neck cancer: the additive benefit of CT and intra-treatment CBCT features

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