Date: 12/20/22	
Your Name: Jordan Hill	
Manuscript Title: Society for Palliative Radiation Oncology Ninth Annual Meeting Report	
Manuscript number (if known): APM-22-1430	

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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	x_None	
	manuscript (e.g., funding,		
	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	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	x_None		
	manuscript writing or educational events			
6	Payment for expert testimony	x_None		
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		
	pending			
0	Double institute on a Data	v Nama		_
9	Participation on a Data Safety Monitoring Board or	xNone		
	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	x_None		
12	Receipt of equipment,	None		
12	materials, drugs, medical	None		_
	writing, gifts or other			_
	services			
13	Other financial or non-	xNone		
	financial interests			
Plea	se summarize the above co	nflict of interest in the foll	owing box:	
N	None.			

ate:12/20/22
our Name:Candice Johnstone
Manuscript Title: Society for Palliative Radiation Oncology Ninth Annual Meeting Report
(anuscript number (if known): APM-22-1430

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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	xNone	

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5	Payment or honoraria for	x_None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	xNone		
	testimony			
7	Support for attending	xNone		
	meetings and/or travel			
0	Datanta planned issued as	y None		
8	Patents planned, issued or	xNone		
	pending		 	
	D			
9	Participation on a Data	x_None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	#None	a role with Annals of Palliative Medicine and is also the	
	in other board, society,		unpaid Immediate Past President of the Society for	
	committee or advocacy		Palliative Radiation Oncology	
	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	ise summarize the above co	nflict of interest in the foll	owing box:	

Dr. Johnstone has a role with Annals of Palliative Medicine and is also the unpaid Immediate Past President of the
Society for Palliative Radiation Oncology

Date: 12/20/22	
Your Name: Emily Martin	
Manuscript Title: Society for Palliative Radiation Oncology Ninth Annual Meeting Report	
Manuscript number (if known): APM-22-1430	

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

5 Payment or honoraria for lectures, presentations,	x_None				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	xNone			
	testimony				
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7	Support for attending meetings and/or travel	x_None			
8	Patents planned, issued or	xNone			
	pending				
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9	Participation on a Data	x_None			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	# None	the current unpaid President of the Society for Palliative		
10	in other board, society,	#None	Radiation Oncology		
	committee or advocacy		- Nation Checlogy		
	group, paid or unpaid				
11	Stock or stock options	x None			
	· ·				
12	Receipt of equipment,	_xNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	xNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	Or. Martin is the current unpaid	President of the Society for P	alliative Radiation Oncology		

Date: 12/20/22	
Your Name: Yoland Tseng	
Manuscript Title: Society for Palliative Radiation Oncology Ninth Annual Meeting Report	
Manuscript number (if known) APM-22-1430	

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

5	Payment or honoraria for	x_None		
	lectures, presentations, speakers bureaus,			_
	manuscript writing or			
	educational events			
6	Payment for expert	x_None		
	testimony			_
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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			Ī
	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	x None		
12	Receipt of equipment,	x_None		
	materials, drugs, medical			_
	writing, gifts or other services			
13	Other financial or non-	x_None		Ī
	financial interests			
Ple	ase summarize the above co	nflict of interest in the fol	owing box:	
r	none			
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Date: 12/20/22	
Your Name: Eric Chang	
Manuscript Title: Society for Palliative Radiation Oncology Ninth Annual Meeting Report	
Manuscript number (if known): APM-22-1430	

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

5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
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7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x_None	
10	in other board, society,	X_NOTIE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
n	one		

Date:12/20/22
our Name:Andrew Bruggeman
Manuscript Title: Society for Palliative Radiation Oncology Ninth Annual Meeting Report
Manuscript number (if known): APM-22-1430

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

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

Date:12/20/22	
Your Name:Sara Alcorn	
Manuscript Title: Society for Palliative Radiation Oncology Ninth Annual Meeting Report	
Manuscript number (if known): APM-22-1430	

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3	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	#None	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	x_None	
	nse summarize the above co	nflict of interest in the folk	owing box:

Da	ite: 12/20/2022			
Yo	ur Name:Charles B.	Simone, II		
Ma	anuscript Title: Society for	or Palliative Radiation Onc	cology: Report from the Ninth Annual Meeting (2022)	
Ma	anuscript number (if known)): APM=22=	1430	
			Il relationships/activities/interests listed below that are	
			ans any relation with for-profit or not-for-profit third	
•	-	•	of the manuscript. Disclosure represents a commitment	
	transparency and does not lationship/activity/interest,	•	. If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	;
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	e time frame for disclosure i			15,
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the	All support for the present	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)	15,
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	15,
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	iS,
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	iS,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	iS,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	iS,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	iS,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	iS,
the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialxNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	is,
the	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaxNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	is,
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. Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaxNone Time frame: pasxNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	iS,
	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaxNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	iS,
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
0	5		
9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	None	Editor-in-Chief, Annals of Palliative Medicine
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	xNone	
42	Descript of anyting out	Name	
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
	ease summarize the above control of the control of		

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