Date: 3/1/2023
Your Name: Inmaculada Navarro Domenech
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	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	None	
	any entity (if not indicated		
2	in item #1 above).	Nama	
3	Royalties or licenses	None	
4	Consulting fees	None	
	_		

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

None.			

Date: 3	3/2/	2023
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Your Name: Tara Behroozian

Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative

review

Manuscript num	ber (if known	:

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

None.			

Your Name: PETER HOSKIN

Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative

review

Manuscript num	ber (if known	:

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

None.			

Date: 3/1/2023
Your Name: Candice Johnstone
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
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	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	None None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.			

Date: 3/1/2023
Your Name: Abram Recht
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All average of facilities are cont	I	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	No time minit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

AR reports that he received Consulting fees from EviCore National Inc for as medical advisory board, Radiation
oncology benefits management company (self).

Please place an "X" next to the following statement to indicate your agreement:

Date: 3/1/2023
Your Name: Johan Menten
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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.	None	pranning of the work
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:

None.			

Date:	3/1	/2023
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Your Name: Oldenburger, Eva

Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative

review

Manuscript num	ber (if known	:

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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		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 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	None	
	any entity (if not indicated in item #1 above).	Varian Research Grant	Research on Halcyon Payment to account of the laboratory of the department of Radiation Oncology
3	Royalties or licenses	None	

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

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

AR reports that he received Cons oncology benefits management co	ulting fees from EviCore National Inc as medical advisory board (Radiation ompany (self)).

Please place an "X" next to the following statement to indicate your agreement:

Date:	3/1	/2023
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Your Name: Yvette M. van der Linden

Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative

review

Manuscript number	(if known)	:

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

None.			

Date: 3/1/2023
Your Name: Joanne M. van der Velden
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
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Manuscript number (if known):

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.			

Date: 3/1/2023
Your Name: Quynh-Nhu Nguyen
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
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Manuscript number (if known):

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

None.			

Date: 3/1/2023
Your Name: Charles B. Simone, II
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
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Manuscript number (if known):

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1	All support for the present	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	None None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Editor-in-Chief of Annals o	Editor-in-Chief of Annals of Palliative Medicine		

Please place an "X" next to the following statement to indicate your agreement:

Date: 3/1/2023
Your Name: Peter Johnstone
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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		Time frame: Since the initial	planning of the work
1	All support for the present	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.			

Date: 3/1/2023
Your Name: Stephen Lutz
NACONALISM Title Assessment to the Conference of

Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative review

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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		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	Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding,	None			
	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	None			
	any entity (if not indicated				
2	in item #1 above).	Nama			
3	Royalties or licenses	None			
4	Consulting fees	None			
	_				

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

None.			

Date: 3/1/2023
Your Name: Lauren Milton
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative

review

Manuscript number (if known):

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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4	Consulting fees	None	

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

None.			

Date: 3/1/2023
Your Name: Nicolaus Andratschke
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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	None	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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_	any entity (if not indicated		
	in item #1 above).		
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4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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	Advisory Board		
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:

None.			

Date: 3/1/2023
Your Name: Jonas Willmann
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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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	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:

None.			

Date: 3/1/2023
Your Name: Joanna Kazmierska
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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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9	Participation on a Data	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:

None.			

Date: 3/1/2023
Your Name: Mateusz Jacek Spałek
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:

None.			

Date: 3/1/2023
Your Name: Gustavo Nader Marta
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review

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Manuscript number (if known):__

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2	Grants or contracts from	None	
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2	in item #1 above).	Nama	
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	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:

None.			

Date: 3/1/2023
Your Name: Edward Chow
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review

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.

Manuscript number (if known):_

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	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					

None.			

Date: 3/1/2023
Your Name: Srinivas Raman
Manuscript Title: Appropriateness of the 30-day expected mortality metric in palliative radiation treatment: A narrative
review
Manuscript number (if known):

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13	Other financial or non-	None				
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None.			