

ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Inmaculada Navarro Domenech

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.]

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 author's relationships/activities/interests should be defined broadly. 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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 9/25/2023

Your Name: Tara Behroozian

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: PETER HOSKIN

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 9/25/2023

Your Name: Candice Johnstone

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 9/25/2023

Your Name: Abram Recht

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

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

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: 9/25/2023

Your Name: Johan Menten

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality

Manuscript Number (if known): [Click or tap here to enter text.]

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 author's relationships/activities/interests should be defined broadly. 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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 9/25/2023

Your Name: [Oldenburger, Eva

Manuscript Title: [Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality

Manuscript Number (if known): [Click or tap here to enter text.]

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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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Yvette M. van der Linden

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Joanne M. van der Velden

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Quynh-Nhu Nguyen

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

9/25/2023

Your Name:

[Charles B. Simone, II]

Manuscript Title:

[Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.]

Manuscript Number (if known):

[Click or tap here to enter text.]

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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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: 9/25/2023

Your Name: Peter Johnstone

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality

Manuscript Number (if known): [Click or tap here to enter text.]

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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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Stephen Lutz

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.]

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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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Lauren Milton

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality

Manuscript Number (if known): [Click or tap here to enter text.](#)

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 9/25/2023

Your Name: Nicolaus Andratschke

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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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: 9/25/2023

Your Name: Jonas Willmann

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.]

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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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: 9/25/2023

Your Name: Joanna Kazmierska

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.]

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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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: [Mateusz Jacek Spatek]

Manuscript Title: [Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.]

Manuscript Number (if known): [Click or tap here to enter text.]

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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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Gustavo Nader Marta

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality

Manuscript Number (if known): [Click or tap here to enter text.]

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 9/25/2023

Your Name: Edward Chow

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 author's relationships/activities/interests should be defined broadly. 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.

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ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Srinivas Raman

Manuscript Title: Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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