| 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.  |   |  |
| Ma  | nuscript Number (if k   | nown): | Click or tap here to enter text.   |   |  |
| content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub  The author's relationships/activiti |   |        | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. |   |  |
|   | tem #1 below, report<br>me for disclosure is the  |        | ort for the work reported in this manuscript wit<br>6 months.  | hout time limit. For all other items, the time                                      |  |
|   |   |        | all entities with whom you have this nship 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   | Click the tab key to add additional rows.   |  |
|   |   |        | Time frame: past 36 month  | s   |  |
| 2   | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |        | None   |   |  |
| 3   | Royalties or<br>licenses  |        | None   |   |  |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |   | 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) |  |  |
|----------|---|--|---|--|--|
| 11       | Stock or stock<br>options   | [⊠] None   |   |  |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | [⊠] None   |   |  |  |
| 13       | Other financial or<br>non-financial<br>interests  | None   |   |  |  |
| Plea [⊠] | 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. |  |   |  |  |

| 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.  |   |  |
| Ma   | nuscript Number (if k   | (nown):        | Click or tap here to enter text.   |   |  |
| content of your manuscript. "Rela<br>affected by the content of the ma<br>indicate a bias. If you are in doub<br>The author's relationships/activiti |   |                | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily it about whether to list a relationship/activity/interest, it is preferable that you do so.  des/interests should be defined broadly. For example, if your manuscript pertains to the in should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. |   |  |
|  | em #1 below, report<br>ne for disclosure is th  |                | rt for the work reported in this manuscript wit<br>months.   | thout time limit. For all other items, the time                                     |  |
|  |   |                | l entities with whom you have this ship 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. | [⊠] <b>N</b> ( | one  | Click the tab key to add additional rows.   |  |
|  |   |                | Time frame: past 36 month  | ns .  |  |
| 2  | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] N          | one  |   |  |
| 3  | Royalties or<br>licenses  | × N            | one  |   |  |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |   | 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) |  |  |
|----------|---|--|---|--|--|
| 11       | Stock or stock<br>options   | [⊠] None   |   |  |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | [⊠] None   |   |  |  |
| 13       | Other financial or<br>non-financial<br>interests  | None   |   |  |  |
| Plea [⊠] | 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. |  |   |  |  |

| 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.  |   |  |
| Mai   | nuscript Number (if k  | nown):                               | Click or tap here to enter text.   |   |  |
| content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub |  | ipt. "Rela<br>of the ma<br>e in doub | re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the |   |  |
|   | demiology of hyperter<br>medication is not me  |                                      | u should declare all relationships with manufacin the manuscript.  | turers of antihypertensive medication, even if                                      |  |
|   | em #1 below, report and for disclosure is the  |                                      | rt for the work reported in this manuscript with months.   | hout time limit. For all other items, the time                                      |  |
|   |  |                                      | ll entities with whom you have this ship 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 o   | of the work   |  |
| 1   | All support for the present manuscript (e.g., funding, provision   |                                      | lone   |   |  |
|   | of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. |                                      |  | Click the tab key to add additional rows.   |  |
|   |  |                                      | Time frame: past 36 months   | S   |  |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | [X] N                                | lone   |   |  |
| 3   | Royalties or<br>licenses   | × N                                  | lone   |   |  |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [□] None   |   |
| 8  | Patents planned, issued or pending   | [□] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | □ None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | □ None   |   |

|          |   | 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) |  |  |
|----------|---|--|---|--|--|
| 11       | Stock or stock<br>options   | [⊠] None   |   |  |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | [⊠] None   |   |  |  |
| 13       | Other financial or<br>non-financial<br>interests  | None   |   |  |  |
| Plea [⊠] | 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. |  |   |  |  |

| 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.   |

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |   | 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  | 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   | Click the tab key to add additional rows.   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None   None  |   |
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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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |   | 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) |  |
|----------|---|--|---|--|
| 11       | Stock or stock<br>options   | [⊠] None   |   |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | [⊠] None   |   |  |
| 13       | Other financial or<br>non-financial<br>interests  | None   |   |  |
| Plea [⊠] | 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. |  |   |  |

| 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.  |  |
| Maı   | nuscript Number (if kr   | wn): Click or tap here to enter text.  |  |
| content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activities. |  | re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if |  |
| that  | medication is not me   | cioned in the manuscript.  |  |
| In item #1 below, report all support frame for disclosure is the past 36  |  | support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.   |  |
|   |  | ame all entities with whom you have this Elationship 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.)                    |  |  |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing                                   | Time frame: Since the initial planning of the work   ☑ None  |  |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for | Time frame: Since the initial planning of the work   ☑ None  |  |
| 2   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for | Time frame: Since the initial planning of the work  None  Click the tab key to add additional rows.  |  |

|    |   | 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) |  |
|----|---|--|---|--|
| 4  | Consulting fees   | None   EviCore National Inc  | Medical advisory board, Radiation oncology benefits management company (self)       |  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |  |
| 6  | Payment for expert testimony  | [⊠] None   |   |  |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | [⊠] None   |   |  |
| 8  | Patents planned, issued or pending  | [⊠] None   |   |  |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board  | [⊠] None   |   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |  |

|    |   | 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) |  |
|----|---|--|---|--|
| 11 | Stock or stock<br>options   | [⊠] None   |   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None   |   |  |
| 13 | Other financial or<br>non-financial<br>interests  | □ 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. |  |   |  |
|    | r certify that I have   | answered every question and have not aftered the wol   | ruing of any of the questions on this 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.

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|--|---|---|---|
| Time frame: Since the initial planning of the work |   |   | 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  | Click the tab key to add additional rows. |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).  | None None □   |   |
| 3  | Royalties or licenses   | None  |   |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |   | 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) |  |
|----------|---|--|---|--|
| 11       | Stock or stock<br>options   | [⊠] None   |   |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | [⊠] None   |   |  |
| 13       | Other financial or<br>non-financial<br>interests  | None   |   |  |
| Plea [⊠] | 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. |  |   |  |

| 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  |  |
| Mar   | nuscript Number (if k   | nown):    | Click or tap here to enter text.  |  |
| content of your manuscript. "Rela<br>affected by the content of the mar<br>indicate a bias. If you are in doubt |   |           | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. |  |
| epid  |   | nsion, yo |   | cturers of antihypertensive medication, even if  |
|   | em #1 below, report<br>ne for disclosure is th                          |           | ort for the work reported in this manuscript wit<br>i months.   | hout time limit. For all other items, the time   |
|   |   |           | Specifications/Comments (e.g., if payments were made to you or to your institution)   |  |
|   | Time frame: Since the initial planning of the work                      |           |   | of the work  |
|   | All support for the present manuscript (e.g.,                           |           | lone  |  |
|   | funding, provision of study materials,                                  |           |   | Click the tab key to add additional rows.  |
|   | medical writing, article processing                                     |           | 1   |  |
|   | charges, etc.)  |           |   |  |
|   | No time limit for this item.  |           |   |  |
|   |   |           | Time frame: past 36 month   | s  |
| 2   | Grants or   |           | lone  |  |
|   | contracts from<br>any entity (if not<br>indicated in item<br>#1 above). | Varian    |   | Research on Halcyon Payment to account of the laboratory of the department of Radiation Oncology |
|   |   |           |   |  |
| 3   | Royalties or licenses   | × N       | lone  |  |

|    |  | 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) |
|----|--|--|---|
| 4  | Consulting fees  | None   |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None  |   |
| 6  | Payment for expert testimony   | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |  | 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) |  |
|----------|--|--|---|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement:  \[ \begin{align*} \Boxed{I} \text{ certify that I have answered every question and have not altered the wording of any of the questions on this form.} \] |  |   |  |

| 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.   |   |  |
| Mai  | nuscript Number (if k  | known):                  | Click or tap here to enter text.  |   |  |
| content of your manuscript. "Rel affected by the content of the ma   |  | ript. "Rela<br>of the ma | re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. |   |  |
| The state of the s |  | nsion, yo                | cies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if d in the manuscript.  |   |  |
| In item #1 below, report all sup<br>frame for disclosure is the past   |  |                          | ort for the work reported in this manuscript wi   | thout time limit. For all other items, the time                                     |  |
|  |  |                          | Ill entities with whom you have this aship 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 |                          | None  | Click the tab key to add additional rows.   |  |
|  | charges, etc.) No time limit for this item.  |                          |   |   |  |
|  |  |                          | Time frame: past 36 month   | ns  |  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   |                          | None  |   |  |
| 3  | Royalties or<br>licenses   | × N                      | lone  |   |  |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |  | 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) |
|----------|--|--|---|
| 11       | Stock or stock<br>options  | [⊠] None   |   |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |
| Plea [⊠] | 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. |  |   |

| Date:  |   | 9/25/2023  |   |  |
|--|---|--|---|--|
| Your Name:   |   | Joanne M. van der Velden   |   |  |
| Manuscript Title:  |   | Addressing concerns and uncertain palliative radiotherapy in cases with  | nties surrounding the application of th a 30-day expected mortality.  |  |
| Ma   | nuscript Number (if kr  | nown): Click or tap here to enter text.  |   |  |
| content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activit |   | rency, we ask you to disclose all relationships/activitie pt. "Related" means any relation with for-profit or not fithe manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity, s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactionships with manufactionships. | t-for-profit third parties whose interests may be at to transparency and does not necessarily (interest, it is preferable that you do so. |  |
| -  |   | entioned in the manuscript.  | acturers of antinypertensive medication, even in  |  |
| In item #1 below, report all supp<br>frame for disclosure is the past 3  |   | all support for the work reported in this manuscript wi<br>e past 36 months.   | thout time limit. For all other items, the time   |  |
|  |   | 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   | s 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   | Click the tab key to add additional rows.   |  |
|  |   | Time frame: past 36 mont   | hs  |  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).  | None   |   |  |
| 3  | Royalties or<br>licenses  | None   |   |  |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |  | 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) |
|----------|--|--|---|
| 11       | Stock or stock<br>options  | [⊠] None   |   |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |
| Plea [⊠] | 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. |  |   |

| Date:   |  |                                      | 9/25/2023  |   |
|---|--|--------------------------------------|--|---|
| Your Name:  |  |                                      | Quynh-Nhu Nguyen   |   |
| Manuscript Title:   |  |                                      | Addressing concerns and uncertain palliative radiotherapy in cases with                      |   |
| Ma  | nuscript Number (if k  | (nown):                              | Click or tap here to enter text.   |   |
| content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub |  | ipt. "Rela<br>of the ma<br>e in doub | nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity/ | t-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so. |
| The author's relationships/activitiepidemiology of hypertension, yo that medication is not mentioned  |  | nsion, yo                            | u should declare all relationships with manufa   | cturers of antihypertensive medication, even if   |
| In item #1 below, report all support frame for disclosure is the past 36                              |  |                                      | rt for the work reported in this manuscript wit<br>months.                                   | thout time limit. For all other items, the time   |
|   |  |                                      | Il entities with whom you have this ship 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, |                                      | lone   | Click the tab key to add additional rows.   |
|   | medical writing, article processing charges, etc.) No time limit for this item.      |                                      |  |   |
|   |  |                                      | Time frame: past 36 month  | is  |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).             |                                      | lone   |   |
| 3   | Royalties or licenses  | × N                                  | lone   |   |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |  | 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) |
|----------|--|--|---|
| 11       | Stock or stock<br>options  | [⊠] None   |   |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |
| Plea [⊠] | 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. |  |   |

| 9/25/2023   |  |
|---|--|
| Charles B. Simone, II   |  |
| Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.   |  |
| Click or tap here to enter text.  |  |
| we ask you to disclose all relationships/activities/interests listed below that are related to the elated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily bt about whether to list a relationship/activity/interest, it is preferable that you do so. |  |
|   |  |

that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |   | 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   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | is .  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or pending  | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | Annals of Palliative Medicine  | Editor-in-Chief   |

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|----------|--|--|---|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |
| 13       | Other financial or<br>non-financial<br>interests   | [⊠] None   |   |  |
| Plea [⊠] | 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. |  |   |  |

| Date:                         | 9/25/2023  |  |
|-------------------------------|--|--|
| Your Name:                    | 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.

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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|   |   | 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   | Click the tab key to add additional rows.   |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None None □  |   |  |  |
| 3 | Royalties or licenses   | None None  |   |  |  |

|    |   | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | [⊠] None   |   |
| 8  | Patents planned, issued or pending  | None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board  | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|          |  | 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) |  |  |
|----------|--|--|---|--|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |  |
| Plea [⊠] | 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. |  |   |  |  |

| 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.   |   |  |
| Mar  | nuscript Number (if k   | known):  | Click or tap here to enter text.  |   |  |
| content of your manuscript. "Rela<br>affected by the content of the mar<br>indicate a bias. If you are in doubt<br>The author's relationships/activities |   |          | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily it about whether to list a relationship/activity/interest, it is preferable that you do so.  lies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if |   |  |
| that   | medication is not me  | entioned | in the manuscript.  |   |  |
|  | em #1 below, report<br>ne for disclosure is th  |          | ort for the work reported in this manuscript wit<br>i months.   | hout time limit. For all other items, the time                                      |  |
|  |   |          | Il entities with whom you have this ship 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. |          | lone  | Click the tab key to add additional rows.   |  |
|  |   |          | Time frame: past 36 month   | S   |  |
| 2  | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |          | lone  |   |  |
| 3  | Royalties or licenses   | × N      | lone  |   |  |

|    |   | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | [⊠] None   |   |
| 8  | Patents planned, issued or pending  | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board  | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|          |  | 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) |  |
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| 11       | Stock or stock<br>options  | [⊠] None   |   |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |
| Plea [⊠] | 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. |  |   |  |

| 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  |   |  |
| Ма  | nuscript Number (if k   | nown):                | Click or tap here to enter text.  |   |  |
| con<br>affe   | tent of your manuscri<br>ected by the content o   | pt. "Rel<br>of the ma | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. |   |  |
| · · · · · · · · · · · · · · · · · · ·   |   |                       | ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.   |   |  |
| In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. |   |                       | thout time limit. For all other items, the time   |   |  |
|   |   |                       | all entities with whom you have this<br>nship 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  | Click the tab key to add additional rows.   |  |
|   |   |                       | Time frame: past 36 month   | ns  |  |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).  |                       | None  |   |  |
| 3   | Royalties or<br>licenses  | × 1                   | None  |   |  |

|    |   | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | [⊠] None   |   |
| 8  | Patents planned, issued or pending  | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board  | [⊠] None   |   |
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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) |  |
|----------|--|--|---|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |
| Plea [⊠] | 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. |  |   |  |

| 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.  |  |  |  |
| Ma   | nuscript Number (if k   | nown):                              | Click or tap here to enter text.   |  |  |  |
| content of your manuscript. "Rel<br>affected by the content of the ma      |   | ipt. "Rel<br>of the ma<br>e in douk | lated" means any relation with for-profit or not<br>anuscript. Disclosure represents a commitmen<br>ot about whether to list a relationship/activity/i   | re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. |  |  |
|  |   | nsion, yo                           | cies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. |  |  |  |
| In item #1 below, report all suppor frame for disclosure is the past 36 in |   |                                     | ort for the work reported in this manuscript wit<br>6 months.  | thout time limit. For all other items, the time  |  |  |
|  |   |                                     | all entities with whom you have this nship or indicate none (add rows as needed)   | Specifications/Comments (e.g., if payments were made to you or to your institution)  |  |  |
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|  |   |                                     | Time frame: past 36 month  | IS .   |  |  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).  |                                     | None   |  |  |  |
| 3  | Royalties or<br>licenses  |                                     | None   |  |  |  |

|    |   | 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) |
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| 7  | Support for<br>attending<br>meetings and/or<br>travel   | [⊠] None   |   |
| 8  | Patents planned, issued or pending  | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board  | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|          |  | 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) |  |
|----------|--|--|---|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |
| Plea [⊠] | 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. |  |   |  |

| 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.  |   |  |
| Mar  | nuscript Number (if k   | (nown):  | Click or tap here to enter text.   |   |  |
| content of your manuscript. "Rel<br>affected by the content of the ma<br>indicate a bias. If you are in doub |   | ipt. "Relation for the made in doubtoos/activities." | we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so. |   |  |
| -  | : medication is not m   | -  |  | cturers of antihypertensive medication, even if                                     |  |
| In item #1 below, report all support frame for disclosure is the past 36 r                                   |   |  | ort for the work reported in this manuscript with months.  | thout time limit. For all other items, the time                                     |  |
|  |   |  | Il entities with whom you have this ship 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. |  | lone   | Click the tab key to add additional rows.   |  |
|  |   |  | Time frame: past 36 month  | ns  |  |
| 2  | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | lone   |   |  |
| 3  | Royalties or licenses   | × N  | lone   |   |  |

|    |   | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | [⊠] None   |   |
| 8  | Patents planned, issued or pending  | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board  | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|          |  | 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) |  |
|----------|--|--|---|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |
| Plea [⊠] | 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. |  |   |  |

| Date:   |   |   | 9/25/2023  |   |  |
|---|---|---|--|---|--|
| You   | r Name:   |   | Joanna Kazmierska  |   |  |
| Manuscript Title:   |   |   | Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.  |   |  |
| Ma  | nuscript Number (if k   | nown):  | Click or tap here to enter text.   |   |  |
| content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activities. |   | pt. "Rela<br>of the ma<br>e in doub<br>s/activition | re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the |   |  |
|   | t medication is not me  | -   | · · · · · · · · · · · · · · · · · · ·  | cturers of antihypertensive medication, even if                                     |  |
| In item #1 below, report all support frame for disclosure is the past 30  |   |   | rt for the work reported in this manuscript wit<br>months.   | thout time limit. For all other items, the time                                     |  |
|   |   |   | Il entities with whom you have this ship 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. | [⊠] <b>N</b>  | lone   | Click the tab key to add additional rows.   |  |
|   |   |   | Time frame: past 36 month  | ns  |  |
| 2   | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [\(\omega\)] N                                      | lone   |   |  |
| 3   | Royalties or licenses   | × N   | lone   |   |  |

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| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | [⊠] None   |   |
| 8  | Patents planned, issued or pending  | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board  | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|          |  | 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) |  |  |
|----------|--|--|---|--|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |  |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form. |  |   |  |  |

| Date:   |   |                                     | 9/25/2023   |  |  |
|---|---|-------------------------------------|---|--|--|
| Your Name:  |   |                                     | Mateusz Jacek Spałek  |  |  |
| Manuscript Title:   |   |                                     | Addressing concerns and uncertainties surrounding the application of palliative radiotherapy in cases with a 30-day expected mortality.   |  |  |
| Ma  | nuscript Number (if k   | nown):                              | Click or tap here to enter text.  |  |  |
| content of your manuscript. "Rel<br>affected by the content of the ma |   | ipt. "Rel<br>of the ma<br>e in doub | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. |  |  |
| epi   | -   | nsion, yo                           | · · · · · · · · · · · · · · · · · · ·   | cample, if your manuscript pertains to the cturers of antihypertensive medication, even if |  |
|   | tem #1 below, report<br>me for disclosure is th   |                                     | ort for the work reported in this manuscript wit<br>5 months.   | thout time limit. For all other items, the time  |  |
|   |   |                                     | all entities with whom you have this nship 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  | Click the tab key to add additional rows.  |  |
|   |   |                                     | Time frame: past 36 month   | os .   |  |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).  |                                     | None  |  |  |
| 3   | Royalties or licenses   | × r                                 | None  |  |  |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|          |  | 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) |  |  |
|----------|--|--|---|--|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |  |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this 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.   |

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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|   |   | 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  | 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   | Click the tab key to add additional rows.   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None None  |   |
| 3 | Royalties or licenses   | None   |   |

|    |  | 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) |
|----|--|--|---|
| 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

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|----------|--|--|---|--|--|
| 11       | Stock or stock<br>options  | [⊠] None   |   |  |  |
| 12       | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | [⊠] None   |   |  |  |
| 13       | Other financial or<br>non-financial<br>interests   | None   |   |  |  |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this 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   |   |  |
| Mar  | nuscript Number (if k   | nown):   | Click or tap here to enter text.   |   |  |
| content of your manuscript. "Rela<br>affected by the content of the ma<br>indicate a bias. If you are in doub<br>The author's relationships/activiti |   | ipt. "Rel<br>of the ma<br>e in doub<br>os/activit<br>nsion, yo | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. |   |  |
| In item #1 below, report all support frame for disclosure is the past 36   |   |  | ort for the work reported in this manuscript wit<br>is months.   | thout time limit. For all other items, the time                                     |  |
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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. | [X] 1 X  | lone   | Click the tab key to add additional rows.   |  |
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| 2  | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [\big  | lone   |   |  |
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| 8  | Patents planned, issued or pending   | [⊠] None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | [⊠] None   |   |
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|--|---|--|---|--|
| 11   | Stock or stock<br>options   | [⊠] None   |   |  |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | [⊠] None   |   |  |
| 13   | Other financial or<br>non-financial<br>interests  | 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. |   |  |   |  |

| 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):   |   | known): | Click or tap here to enter text.  |   |  |
| content of your manuscript. "Rela<br>affected by the content of the ma<br>indicate a bias. If you are in doub<br>The author's relationships/activiti                        |   |         | re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if lin the manuscript. |   |  |
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| 2   | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |         | lone  |   |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

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| 13   | Other financial or<br>non-financial<br>interests  | None   |   |  |
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