Date:	10/30/2023	
Your Name:	e:Stephanie K Schaub	<u></u>
Manuscript <sup>1</sup>	t Title: Little Patients, Big Impacts: Use of Palliat	ive and Emergent Radiotherapy for Pediatric
<u>Cancers</u>		
Manuscript I	t number (if known): APM-23-505	

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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
		me frame. Since the initia	i 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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_XNone	

	in item #1 above).		
3	Royalties or licenses	_XNone	
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4	Consulting fees	X_None	
E	Daymant or handraria for	V M	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_ <b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	XNone	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board	XNONE	
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Crock of Grook options	_ANone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		

Not Applicable			

Please place an "X" next to the following statement to indicate your agreement:				
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	10/30/2023						
Your Name:	Justin	Oh		_			
Manuscript <sup>-</sup>	Title:_Little Pa	atients, Big	Impacts: Use of	Palliative and	Emergent	Radiotherapy :	for Pediatric
Cancers							
Manuscript ı	number (if kn	own):	APM-23-505				

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		Time frame: past	36 months
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	any entity (if not indicated in item #1 above).	
3	Royalties or licenses	_XNone
4	Consulting fees	_XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	_XNone

Not Applicable			

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Date <u>:</u>	10/30/2023			<u>-</u>	
Your Name:_	Anthony Men	ghini			
Manuscript <sup>-</sup>	Fitle:_Little Patients,	Big Impacts: Use o	f Palliative and Emer	gent Radiotherapy fo	or Pediatric
Cancers					
Manuscript ı	number (if known <u>):</u>	APM-23-505		_	

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	Ti	me fra	ame: Since the initia	I planning of the work		
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	Time frame: past 36 months					

2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone
3	Royalties or licenses	_XNone
4	Consulting fees	_XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non-financial interests	_XNone

Not Applicable			

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.	

Date <u>:</u>	10/30/2023					
Your Name:	Molly R. Tay	lor				
Manuscript <sup>-</sup>	Title:_Little Patients	, Big Impacts: Us	e of Palliative and	l Emergent Ra	diotherapy for	<b>Pediatric</b>
<u>Cancers</u>		<u> </u>		-		
Manuscript ı	number (if known <u>):</u>	APM-23-5	05			

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		who relat	ne all entities with m you have this tionship or indicate e (add rows as ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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	_None	

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		_XNone	
led sp ma	ayment or honoraria for ctures, presentations, peakers bureaus, anuscript writing or ducational events	_XNone	
6 Pa	ayment for expert estimony	_XNone	
7 Su	upport for attending eetings and/or travel	_XNone	
	atents planned, issued repending	_XNone	
Sa	articipation on a Data afety Monitoring Board Advisory Board	_X_None	
rol so ad	eadership or fiduciary ble in other board, bciety, committee or dvocacy group, paid or hpaid	XNone	
11 Sto	tock or stock options	_XNone	
ma wr	eceipt of equipment, laterials, drugs, medical riting, gifts or other ervices	_XNone	
-   -	ther financial or non- nancial interests	_XNone	

Not Applicable			

Pleas	se place an "X" next to the following statement to indicate your agreement:	
ques	I certify that I have answered every question and have not altered the wording of a stions on this form.	ny of the

Date <u>:</u>	10/30/2023					
Your Name:	Molly H. Blau					
Manuscript 1	Title: Little Patients, B	ig Impacts: Use	of Palliative ar	nd Emergent	Radiotherapy for	or Pediatric
<u>Cancers</u>				_		
Manuscript	number (if known):	APM-23-50	5			

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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
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	No time limit for this		

	item.	
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated	X_None
	in item #1 above).	
3	Royalties or licenses	<b>X</b> None
4	Consulting fees	X None
	Consuming rees	None
5	Payment or honoraria for	_XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	X None
	testimony	
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued	_ <b>X</b> None
	or pending	
9	Participation on a Data	X None
	Safety Monitoring Board	None
	or Advisory Board	
10	Leadership or fiduciary	X None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	X None
	·	
12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	_ <b>X</b> None
	financial interests	

	Not Applicable

ease place an "X" next to the following statement to indicate your agreement:
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Date:	10/30/2023	
Your Name:_	Blair Murphy	
Manuscript 1	Fitle: Little Patients,	Big Impacts: Use of Palliative and Emergent Radiotherapy for Pediatric
<u>Cancers</u>		
Manuscript r	number (if known <u>):</u>	APM-23-505

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		me ira	ame: Since the initia	i planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	_X	_None	

	No time limit for this item.	
	itoiii.	Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated	_XNone
	in item #1 above).	
3	Royalties or licenses	_XNone
4	Consulting fees	_XNone
5	Payment or honoraria for	X None
	lectures, presentations, speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	X None
	testimony	
7	7 Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board	_XNone
	or Advisory Board	
10	Leadership or fiduciary	X None
	role in other board,	_ANone
	society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	_ <b>X</b> None
10	Description 1	V
12	Receipt of equipment, materials, drugs, medical	_XNone
	writing, gifts or other services	
13	Other financial or non-	X None
	financial interests	

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Date <u>:</u>	10/30/2023			<u> </u>	
Your Name:_	Andrea Lo				
Manuscript 1	Title: Little Patients,	Big Impacts: Use	of Palliative and Eme	ergent Radiotherapy	for Pediatric
Cancers					
Manuscript r	number (if known <u>):</u>	APM-23-505			

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	Time frame: Since the initia		ame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical	_X_	_None	

2	writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 months _XNone
3	Royalties or licenses	_XNone
4	Consulting fees	_XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	XNone

N	lot Applicable	
Plea	ase 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	1e
-	form.	

Date <u>:</u>	10/30/2023				
Your Name:	Alayne Chapp	ole			
Manuscript <sup>-</sup>	Title:_Little Patients,	Big Impacts: Use of	f Palliative and Emer	gent Radiotherapy fo	r Pediatric
<u>Cancers</u>					
Manuscript ı	number (if known <u>):</u>	APM-23-505		_	

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		me manne. Since the initia	planning of the work
1	All support for the	<b>_X</b> _None	
	present manuscript (e.g.,		
	funding, provision of		

2 3	study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses  Consulting fees	Time frame: past 36 monthsXNoneXNoneXNone
- <del>T</del>	Consuming 1003	_ANOTE
6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	_X_None _X_None
7	Support for attending meetings and/or travel	_XNone
	3	
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	_XNone

Not	Applicable
Dloos	e place an "X" next to the following statement to indicate your agreement:
riease	

Date:	10/30/2023						
Your Name:	Abby R. Ro	senberg					
Manuscript <sup>-</sup>	Title:_Little Patier	ts, Big Impacts:	Use of Pallia	tive and Em	ergent Ra	diotherapy fo	r Pediatric
Cancers					_		
Manuscript ı	number (if knowi	<b>APM-</b> 2	23-505				

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

Not Appli	able
Please pla	e an "X" next to the following statement to indicate your agreement:
	fy that I have answered every question and have not altered the wording of any of th
uestions   form.	n this

Date:10	/30/2023	
Your Name:	Ralph P. Ermoian	
Manuscript Titl	e: Little Patients, Big Impacts: Use of Palliative and Emergent Radiotherapy for Pediat	ric
<u>Cancers</u>		
Manuscript nui	nber (if known): APM-23-505	

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1	All support for the	<b>X</b> None	

2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past 36 months _XNone _XNone
4	Consulting fees	_XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	_XNone

Ple	Please summarize the above conflict of interest in the following box:				
N	lot Applicable				
Ple	ase 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 estions on this form.				

Date <u>:</u>	10/30/2023						
Your Name:	Derek S. T	sang					
Manuscript <sup>-</sup>	Title:_Little Patie	nts, Big	Impacts: Use of	Palliative an	d Emergent	Radiotherapy for	or Pediatric
<u>Cancers</u>			•		-		
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2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	None  Time frame: past National Institutes of Health Princess Margaret Cancer Foundation Brain Tumour	Unrelated to present study; payment made to institution  Unrelated to present study; payment made to institution  Unrelated to present study; payment made to
3	Royalties or licenses	Foundation of Canada None	institution
4	Consulting fees	Need (https://www.getneed.com)	Consultant, payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CADTH (https://www.cadth.ca)	Payment made to me
6	Payment for expert testimony	MD Lawyers	Expert witness
7	Support for attending meetings and/or travel	Elekta AB  Mevion Medical Systems	Travel support in 2022, no payment made to me or my institution  Travel support in 2022, no payment made to me or my institution
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ASTRO	ASTRO Education Committee
11	Stock or stock options	Need (https://www.getneed.com)	Consultant, stock options

	12	2 Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
	13	Other financial or non- financial interests	None	

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

x I certify that I have answered every question and have not altered the wording of any of the questions on this

form.