Date	e: <u>January 28, 2024</u>					
You	Your Name: Emily Martin					
	Manuscript Title: Society for Palliative Radiation Oncology: Report from the Tenth Annual Meeting (2023) Manuscript number (if known):					
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.			
	following questions apply to suscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>			
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.			
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,			
		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.	XNone				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				

Royalties or licenses

Consulting fees

X__None

X__None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	X_None	
13	Other financial or non- financial interests	XNone	

No conflicts of interest	

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

Date: 2/18/2024

Your Name: Andrew Bruggeman

Manuscript Title: Society for Palliative Radiation Oncology: Report from the Tenth Annual Meeting (2023)

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.	xNone	
		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,	x_None	
	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 or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	x None	
10	in other board, society,	xNone	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	x None	
11	Stock of Stock options	xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the foll	owing box:
N	None.		

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

Date	e: <u>January 28, 2024</u>					
You	r Name: <u>Eric Cl</u>	nang				
Mar	nuscript Title: Society for Pa	lliative Radiation Oncology	: Report from the Tenth Annual Meeting (2023)			
Mar	nuscript number (if known):					
In the relation to the relatio	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are elated 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 elationship/activity/interest, it is preferable that you do so. The following questions apply to the author's relationships/activities/interests as they relate to the current nanuscript only. 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 nedication, 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 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.	_X_None				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None				
3	Royalties or licenses	XNone				

Consulting fees

X__None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	X_None	
13	Other financial or non- financial interests	XNone	

No conflicts of interest	

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

Date	Date: <u>January 28, 2024</u>						
You	Your Name: Sara Alcorn						
Mar	uscript Title: Society for Pal	lliative Radiation Oncology	: Report from the Tenth Annual Meeting (2023)				
Mar	uscript number (if known):						
relate part	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.						
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>				
to th	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.				
	em #1 below, report all sup time frame for disclosure is		in this manuscript without time limit. For all other items,				
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate none (add rows as	institution)				
		needed)					
		Time frame: Since the initial	planning of the work				
1	All support for the present manuscript (e.g., funding,	XNone					
	provision of study materials,						
	medical writing, article						
	processing charges, etc.)						
	No time limit for this item.						

Time frame: past 36 months

_X__None

X__None

X__None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

3

any entity (if not indicated

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	X_None	
13	Other financial or non- financial interests	XNone	

No conflicts of interest	

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

Date:	January	y 28, 2024	
Your Nan	ne:	Yolanda Tseng	
Manuscri	pt Title:	Society for Palliative Radiation Oncology: Report from the Tenth Annual Meetin	g (2023
Manuscri	int numb	her (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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 in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	University of Maryland (visiting professor, symposium)
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	None	Chair, ASTRO scientific committee palliative care track Co-Chair, PTCOG lymphoma subcommittee Chair, PCG lymphoma committee
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

ŀ	lonoraria '	tor	lectures:	

University of Maryland (visiting professor, symposium)

leadership roles on committees:

Chair, ASTRO scientific committee palliative care track

Co-Chair, PTCOG lymphoma subcommittee

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

Date:J	anuary	28, 2024
Your Name	e:	Malcolm D. Mattes
Manuscrip	t Title:	Society for Palliative Radiation Oncology: Report from the Tenth Annual Meeting (2023)
Manuscrip	t numb	er (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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	Radiation Oncology Institute	Research funding
	in item #1 above).	Bristol Myers Squibb Foundation New Jersey Health Foundation	Robert A. Winn Diversity in Clinical Trials Career Development Program Research funding
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	X_None	
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	X_None	
13	Other financial or non- financial interests	XNone	

No conflicts related to this project

Research funding from Radiation Oncology Institute and New Jersey Health Foundation
Robert A. Winn Diversity in Clinical Trials Career Development Program from Bristol Myers Squibb Foundation

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

Date:	1/29/24	
Your Name:		
Manuscript Title	======================================	diation Oncology: Report from the Tenth Annual Meeting (2023)
Manuscript nun	nber (if known):	
related to the con parties whose in to transparency	ontent of your manuscript. nterests may be affected by	to disclose all relationships/activities/interests listed below that are "Related" means any relation with for-profit or not-for-profit third the content of the manuscript. Disclosure represents a commitment indicate a bias. If you are in doubt about whether to list a ble that you do so.

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

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

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

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

No conflicts related to this project Research support from Rowpar Pharmaceuticals, speaking honorarium from the Arizona Dental Association, and support to attend the Alpha Tau investigators' meeting

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

Date: 2/18/2024

Your Name: Candice Johnstone

Manuscript Title: Society for Palliative Radiation Oncology: Report from the Tenth Annual Meeting (2023)

Manuscript number (if known):

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.	xNone	
		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	

-	Payment or honoraria for lectures, presentations,	x_None	
	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 or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	x None	
10	in other board, society,	xNone	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	x None	
11	Stock of Stock options	xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the foll	owing box:
N	None.		

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

Date: 2/18/2024

Your Name: Charles B. Simone, II

Manuscript Title: Society for Palliative Radiation Oncology: Report from the Tenth Annual Meeting (2023)Manuscript

number (if known):

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

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	x_None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	Editor-in-Chief, Annals of Palliative Medicine		
11	Stock or stock options	xNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None			
13	Other financial or non- financial interests	xNone			
	Please summarize the above conflict of interest in the following box: Dr. Simone serves as the Editor-in-Chief of Annals of Palliative Medicine				

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