Date:	<u>8/23/23</u>	
Your Name:	_ Deborah Marshall	
Manuscript Tit	le: Key factors for esta	ablishing and sustaining a successful palliative radiation oncology program:
A survey of the	Society for Palliative	Radiation Oncology
Manuscript nu	mber (if known):	

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed) 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH/OD Grant (DP50D031876)	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

NIH/OD Grant (DP50D031876)	

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

Date:	8/23/23				
Your Nam	e: Kavita Dharmarajan				
Manuscri	Manuscript Title: Key factors for establishing and sustaining a successful palliative radiation oncology program:				
A survey of the Society for Palliative Radiation Oncology					
Manuscript number (if known):					

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	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.	Time frame: Since the initialxNone	planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None K76 AG068516 xNone	36 months
4	Consulting fees	xNone	

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

Date:	8/23/23			
Your Name:_	Randy Wei, MD			
Manuscript 1	Title: <u>Key factors for estal</u>	olishing and sustaining a successful palliative radiation oncology program:		
A survey of the Society for Palliative Radiation Oncology				
Manuscript number (if known):				

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX_None	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	_X_None	

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

Date:	8/23/23			
Your Name:	Yolanda Tseng			
Manuscript	Title: Key factors for establish	ning and sustaining a successful palliative radiation oncology program:		
A survey of	survey of the Society for Palliative Radiation Oncology			
Manuscript	number (if known):			

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	ASTRO refresher	
	lectures, presentations,	course 2021	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Chair, Palliative care	
	in other board, society,	track ASTRO scientific	
	committee or advocacy	session	
	group, paid or unpaid	Chair, PCG lymphoma	
		committee	
		Co-chair, PTCOG	
		lymphoma committee	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

None related to this project, but speaking honorarium from ASTRO for Spring Refresher, Committee work: Chair
Palliative Care Track ASTRO scientific session, Chair PCG lymphoma Committee, and Co-Chair PTCOG lymphoma
Committee

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

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

Date:	8/23/23			
Your Name:		Jessica Schuster		
Manuscript Title: Key factors for establishing and sustaining a successful palliative radiation oncology program:				
A survey of the Society for Palliative Radiation Oncology				
Manuscript 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.

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

5	Payment or honoraria for	None		
,	lectures, presentations,	None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
١٥	testimony	None		
	testimony			
7	Company for attackling	Nene		
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	Down Syndrome		
	in other board, society,	Association of Wisconsin		
	committee or advocacy	Board Member		
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the follo	owing box:	
_				
- 1	Consulting fees from MIM, Board Member for Down Syndrome Association of Wisconsin			

Date:	8/23/23			
Your Name:	_Joshua Jones			
Manuscript Title:	Key factors for esta	ablishing and sustaining a successful palliative radiation oncology program:		
A survey of the Society for Palliative Radiation Oncology				
Manuscript numb	er (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	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). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

None			

Date:	<u>8/23/23</u>	
Your Nam	e:Candice Johnstone	
Manuscrip	ot Title: <u>Key factors for establi</u>	shing and sustaining a successful palliative radiation oncology program:
A survey o	of the Society for Palliative Rac	iation Oncology
Manuscri	ot number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	x_None	
		Time frame, nest	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	50 Months
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

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

Date:	09/01/23_	
Your Name:	Tracy Balboni	
Manuscript Title	e:_Key factors for est	ablishing and sustaining a successful palliative radiation oncology program:
A survey of the	Society for Palliative	Radiation Oncology
Manuscript nun	nber (if known):	

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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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

None		

Dat	e:	8/25/2023			
Υοι	ır Name:	Simon S Lo			
Manuscript Title:		Key factors for establishing and sustaining a successful palliative radiation oncology program: A survey of the Society for Palliative Radiation Oncology			
Ma	nuscript Number (if known): _ (not yet assigned)			
content of your manuscript. "Reaffected by the content of the nindicate a bias. If you are in dou The author's relationships/active pidemiology of hypertension, you that medication is not mentioned.		ort for the work reported in this manuscript without 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 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 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Kuni Foundation Research funding (I am co-PI) Hutchinson Center as Lead Academic Participating UG1 CA 233328 Site Comparison Co			
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 None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	□ None Japanese Society for Radiation Oncology (JAST	RO) Invitation as a guest speaker in the JASTRO annual meeting 2022
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	Radiosurgery Society American College of Radiology	Member of Board of Directors and Medical Director of Distinction in Practice in Stereotacti Radiotherapy Program Assistant Councilor and Chair of CARROS Nominating Committee;

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	ifications/Comments (e.g., if payments were e to you or to your institution)
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs,	[⊠] None		
	medical writing, gifts or other services			
	other services			
13	Other financial or non- financial interests	[⊠] None		
	Participating Site (UG1 C meeting 2022. Member	ing (I am co-PI) from Kuni Foundation, and fundir A 233328). Invited as a guest speaker in the Japa of Board of Directors and Medical Director of Dis y Society. Assistant Councilor and Chair of CARRO	nese So	ociety for Radiation Oncology (JASTRO) annual n in Practice in Stereotactic Radiotherapy
Plea	•	ne following statement to indicate your agreement your ag		of any of the guestions on this form.

3 12/13/2021 ICMJE Disclosure Form

Date:	<u>8/23/23</u>	
Your Name:	Jared Robbins	
Manuscript Tit	le: Key factors for establ	ishing and sustaining a successful palliative radiation oncology program:
A survey of the	Society for Palliative Ra	diation Oncology
Manuscript nu	mber (if known):	

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, 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	

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

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: