

## ICMJE DISCLOSURE FORM

Date: 8/23/23  
 Your Name: Deborah Marshall  
 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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript 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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		NIH/OD Grant (DP5OD031876)	
3	Royalties or licenses	None	
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 attending meetings and/or travel	___ None	
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:**

NIH/OD Grant (DP50D031876)

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

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

## ICMJE DISCLOSURE FORM

Date: 8/23/23  
 Your Name: Kavita Dharmarajan  
 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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		K76 AG068516	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

NIH/NIA Paul Beeson Award

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

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

## ICMJE DISCLOSURE FORM

Date: 8/23/23  
 Your Name: Randy Wei, MD  
 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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  </u> X <u>  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> X <u>  </u> None	
3	Royalties or licenses	X <u>  </u> None	
4	Consulting fees	<u>  </u> X <u>  </u> None	

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

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

None

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

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

## ICMJE DISCLOSURE FORM

Date: 8/23/23  
 Your Name: Yolanda Tseng  
 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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

**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:**



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

## ICMJE DISCLOSURE FORM

Date: 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 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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
3	Royalties or licenses	____ None	
4	Consulting fees	____ MIM	Auto-contouring, not related to current work

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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	___ Down Syndrome Association of Wisconsin Board Member	
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:**

<p>Consulting fees from MIM, Board Member for Down Syndrome Association of Wisconsin</p>
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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.

## ICMJE DISCLOSURE FORM

Date: 8/23/23  
 Your Name: Joshua Jones  
 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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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 attending meetings and/or travel	___ None	
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:**

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.

## ICMJE DISCLOSURE FORM

Date: 8/23/23  
 Your Name: Candice Johnstone  
 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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

none

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

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

## ICMJE DISCLOSURE FORM

Date: 09/01/23

Your Name: Tracy Balboni

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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 attending meetings and/or travel	___ None	
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:**

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.**

## ICMJE DISCLOSURE FORM

**Date:** 8/25/2023

**Your 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

**Manuscript Number (if known):** (not yet assigned)

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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Kuni Foundation</td> <td>Research funding (I am co-PI)</td> </tr> <tr> <td>Hutchinson Center as Lead Academic Participating Site</td> <td>UG1 CA 233328</td> </tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	Kuni Foundation	Research funding (I am co-PI)	Hutchinson Center as Lead Academic Participating Site	UG1 CA 233328		
Kuni Foundation	Research funding (I am co-PI)							
Hutchinson Center as Lead Academic Participating Site	UG1 CA 233328							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>						

		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Japanese Society for Radiation Oncology (JASTRO)	Invitation as a guest speaker in the JASTRO annual meeting 2022
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Radiosurgery Society	Member of Board of Directors and Medical Director of Distinction in Practice in Stereotactic Radiotherapy Program
		American College of Radiology	Assistant Councilor and Chair of CARROS Nominating Committee;

		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 options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Summary:  I received research funding (I am co-PI) from Kuni Foundation, and funding from Hutchinson Center as Lead Academic Participating Site (UG1 CA 233328). Invited as a guest speaker in the Japanese Society for Radiation Oncology (JASTRO) annual meeting 2022. Member of Board of Directors and Medical Director of Distinction in Practice in Stereotactic Radiotherapy Program of Radiosurgery Society. Assistant Councilor and Chair of CARROS Nominating Committee for American College of Radiology</p> <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

Date: 8/23/23  
 Your Name: Jared Robbins  
 Manuscript Title: Key factors for establishing and sustaining a successful palliative radiation oncology program: A survey of the Society for Palliative Radiation Oncology  
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Rowpar Pharmaceuticals	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	

**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:**

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