

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

Barsky 1



| Section 1. | Identifying Inform | ation | | | |
|---|-----------------------------------|-----------------------------|-----------------------|-----------------------|---|
| 1. Given Name (First Andrew | st Name) | 2. Surnam Barsky | ne (Last Name) | | 3. Date 30-June-2020 |
| 4. Are you the corre | esponding author? | ✓ Yes | No | | |
| (TM) linear accele | erience treating patier erator | | lliative radiotherapy | for malignant pleural | mesothelioma on the Halcyon |
| 6. Manuscript Iden | tifying Number (if you kn | ow it) | | | |
| | | | | | |
| Section 2. | The Work Under Co | onsiderat | ion for Publicatio | n | |
| any aspect of the su statistical analysis, e | ubmitted work (including | but not limi | | | ommercial, private foundation, etc.) for esign, manuscript preparation, |
| Section 3. | Relevant financial | activities | outside the subm | itted work. | |
| of compensation) clicking the "Add | with entities as descri | bed in the port relation | instructions. Use one | line for each entity; | lationships (regardless of amount add as many lines as you need by nonths prior to publication . |
| Section 4. | Intellectual Proper | ty Pa <u>te</u> i | nts & Copyrights | | |
| | patents, whether plani | | | relevant to the work | ? ☑ Yes 🗸 No |

Barsky 2



| Section 5. Polotionskips not sovered above |
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| Section 6. Disclosure Statement |
| Disciosare statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Barsky has nothing to disclose. |

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Barsky 3



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patent

Kim 1



| Section 1. Identifying Inform | nation | |
|--|---|---|
| 1. Given Name (First Name) Michele | 2. Surname (Last Name) Kim | 3. Date 30-June-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Andrew Barsky |
| 5. Manuscript Title Initial clinical experience treating patie (TM) linear accelerator | ents with palliative radiothe | erapy for malignant pleural mesothelioma on the Halcyon |
| 6. Manuscript Identifying Number (if you k | now it) | |
| | | |
| Section 2. The Work Under C | onsideration for Public | cation |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financial | activities outside the | submitted work. |
| of compensation) with entities as descr | ribed in the instructions. Us port relationships that we | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication . |
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| Do you have any patents, whether plar | nned, pending or issued, br | roadly relevant to the work? Yes No |

Kim 2



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patent

Maxwell 1



| Section 1. Identifying Inform | nation | |
|--|--|--|
| 1. Given Name (First Name) Russell | 2. Surname (Last Name) Maxwell | 3. Date 30-June-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Andrew Barsky |
| 5. Manuscript Title Initial clinical experience treating patie (TM) linear accelerator | ents with palliative radiothe | erapy for malignant pleural mesothelioma on the Halcyon |
| 6. Manuscript Identifying Number (if you k | now it) | |
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| Section 2. The Work Under C | Consideration for Public | cation |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation, |
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| Section 4. Intellectual Prope | rty Patents & Copyri <u>c</u> | ghts |
| Do you have any patents, whether plan | | |

Maxwell 2



| Section 5. Polotionships not sovered above |
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Mendes 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| 1. Given Name (First Name) Amberly | 2. Surname (Last Name) Mendes | 3. Date 30-June-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Andrew Barsky |
| 5. Manuscript Title Initial clinical experience treating patie (TM) linear accelerator | nts with palliative radiothe | erapy for malignant pleural mesothelioma on the Halcyon |
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| Section 4 | | |
| Section 4. Intellectual Proper | rty Patents & Copyric | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Mendes 2



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Wright 1



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|---|---|--|
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| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Andrew Barsky |
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Wright 2



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| Section 1. Identifying Inform | nation | |
|---|---|--|
| 1. Given Name (First Name) Emily | 2. Surname (Last Name) Anstadt | 3. Date 30-June-2020 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Andrew Barsky |
| 5. Manuscript Title Initial clinical experience treating patier (TM) linear accelerator | nts with palliative radiothe | erapy for malignant pleural mesothelioma on the Halcyon |
| 6. Manuscript Identifying Number (if you kr | now it) | |
| | | _ |
| Section 2. The Work Under Co | onsideration for Public | cation |
| | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, |
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| Section 3. Relevant financial | activities outside the s | submitted work. |
| of compensation) with entities as descri | ibed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Section 4. Intellectual Proper | | |
| Intellectual Proper | ty Patents & Copyric | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No |

Anstadt 2



| Section 5. Polationships not sovered above |
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| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
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| Section 6. Disclosure Statement |
| Disclosure statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Anstadt has nothing to disclose. |

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Anstadt 3



Instructions

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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

McNulty 1



| Section 1. | Identifying Inform | nation | | | |
|---|----------------------------|--------------------------------------|------------------|--|---|
| 1. Given Name (Fi | rst Name) | Name) 2. Surname (Last Name) McNulty | | | 3. Date 30-June-2020 |
| 4. Are you the cor | responding author? | uthor? | | | |
| 5. Manuscript Title Initial clinical exp (TM) linear accele | perience treating patier | nts with pa | lliative radioth | erapy for malignant pleural | mesothelioma on the Halcyon |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | | | |
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| Section 2. | The Work Under Co | onsiderat | ion for Publ | ication | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not lim | | n a third party (government, cor ata monitoring board, study de | mmercial, private foundation, etc.) for sign, manuscript preparation, |
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| of compensation clicking the "Add | n) with entities as descri | ibed in the port relatio | instructions. L | lse one line for each entity; a | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. |
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| Section 4. | Intellectual Proper | rty Pate | nts & Copyri | ghts | |
| Do you have any | patents, whether plan | ned, pendi | ng or issued, b | roadly relevant to the work? | Yes 🗸 No |

McNulty 2



| Section 5. Polationships not solvered phase |
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| Dr. McNulty has nothing to disclose. |

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patent

Dong 1



| Section 1. | Identifying Inform | ation | | | | | | |
|--|---|-------------------------------|-------------------------------------|---|-----------------------|----------------------|-------------------|-------|
| 1. Given Name (First Lei | : Name) | 2. Surnam Dong | e (Last Name) | | | 3. Date 30-June-2 | 2020 | |
| 4. Are you the corre | sponding author? | Yes | ✓ No | Correspond Andrew B | ding Author' arsky | s Name | | |
| (TM) linear acceler | rience treating patien ator ifying Number (if you kn | | liative radiot | herapy for ma | lignant pleu | ural mesothelio | oma on the Halc | yon |
| Section 2. | The Work Under Co | onsiderati | on for Pub | lication | | | | |
| any aspect of the sul statistical analysis, et Are there any relev | tution at any time recei omitted work (including :c.)? vant conflicts of intere | but not limi | ted to grants, | data monitoring | | | | |
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| of compensation) clicking the "Add - Are there any relev | e appropriate boxes in with entities as descrium box. You should reprant conflicts of interest the appropriate info | oed in the isort relation st? | nstructions. Iships that wees No | Use one line for vere present d | or each enti | ty; add as man | y lines as you ne | ed by |
| Name of Entity | | Grant? | Personal N Fees? | on-Financial Support | Other? | Comments | | |
| /arian Medical Systems | 5 | ✓ | ✓ | | | | | |
| | | | | | | | | |
| Section 4. | ntellectual Proper | ty Pater | nts & Copy | rights | | | | |
| Do you have any p | atents, whether planr | ned, pendir | ig or issued, | broadly releva | nt to the w | ork? Yes | ✓ No | |

Dong 2



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| Dr. Dong reports grants and personal fees from Varian Medical Systems, outside the submitted work; . |

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Metz 1



| Section 1. Identifying Inform | ation | | |
|--|--|-------------------------|---|
| 1. Given Name (First Name) James | 2. Surname (Last Name) Metz | | 3. Date 30-June-2020 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author | or's Name |
| 5. Manuscript TitleInitial clinical experience treating patier(TM) linear accelerator6. Manuscript Identifying Number (if you kn | | rapy for malignant pl | eural mesothelioma on the Halcyon |
| Section 2. The Work Under Co | onsideration for Public | cation | |
| Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da | | |
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| Name of Entity | Grant | n-Financial upport? | Comments |
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| | | | |
| Section 4. Intellectual Proper | ty Patents & Copyric | ghts | |
| Do you have any patents, whether plant | ned, pending or issued, br | oadly relevant to the | work? Yes V No |

Metz 2



| Section 5. | |
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| | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work? |
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| Dr. Metz reports | grants, personal fees and other from Varian Medical Systems, outside the submitted work; . |

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patent

Feigenberg 1



| Section 1. | Identifying Inform | ation | | | |
|--|---------------------------|---|---------------------|--|---|
| 1. Given Name (Firs Steven | st Name) | 2. Surnam Feigenbe | e (Last Name) rg | | 3. Date 30-June-2020 |
| 4. Are you the corre | esponding author? | author? Yes ✓ No Corresponding Author's Name Andrew Barsky | | | |
| 5. Manuscript Title Initial clinical expe (TM) linear accele | erience treating patier | nts with pal | liative radiothe | erapy for malignant pleural r | mesothelioma on the Halcyon |
| 6. Manuscript Ident | tifying Number (if you kn | ow it) | | | |
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| Section 2. | The Work Under Co | onsiderati | ion for Publi | cation | |
| any aspect of the su statistical analysis, e | ıbmitted work (including | but not limi | | a third party (government, con ta monitoring board, study des | mmercial, private foundation, etc.) for sign, manuscript preparation, |
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| of compensation) clicking the "Add | with entities as descri | bed in the i port relation | instructions. U | se one line for each entity; a | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. |
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| Do you have any p | patents, whether plani | ned, pendir | ng or issued, bi | roadly relevant to the work? | Yes 🗸 No |

Feigenberg 2



| Section 5. Polationships not solvered phase |
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| Relationships not covered above |
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| Dr. Feigenberg has nothing to disclose. |

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Feigenberg 3



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patent

Li 1



| Section 1. Identifying Inform | nation | | | | |
|---|---|--|--|--|--|
| 1. Given Name (First Name) Taoran | 2. Surname (Last Name) Li | 3. Date 30-June-2020 | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Andrew Barsky | | | |
| 5. Manuscript Title Initial clinical experience treating patie (TM) linear accelerator | nts with palliative radiothe | erapy for malignant pleural mesothelioma on the Halcyon | | | |
| 6. Manuscript Identifying Number (if you kr | now it) | | | | |
| | | _ | | | |
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| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | | | |
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Li 2



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| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Li has nothing to disclose. |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes"

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Cengel 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| 1. Given Name (First Name) Keith | 2. Surname (Last Name) Cengel | 3. Date 30-June-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Andrew Barsky |
| 5. Manuscript Title Initial clinical experience treating patie (TM) linear accelerator | nts with palliative radiothe | erapy for malignant pleural mesothelioma on the Halcyon |
| 6. Manuscript Identifying Number (if you kr | now it) | |
| | | - |
| Section 2. The Work Under Co | onsideration for Public | cation |
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| Section 3. Relevant financial | activities outside the s | submitted work. |
| of compensation) with entities as descr | ibed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
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| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes You |

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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement |
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| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Cengel has nothing to disclose. |

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