ICMJE DISCLOSURE FORM

Date: _	May 29, 2021
Your N	ame: Kunal K. Sindhu
Manus theMe	cript Title: Identifying areas of emphasis for future palliative radiation therapy curricula via an examination o Inet
Manus	cript number (if known): APM-21-956
In the i	nterest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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.

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.	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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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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:

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

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Date:	iviay 2	9, 2021	
Your I	Name:	Eric J. Lehrer	
Manu	script Title	: Identifying areas of emphasis for future palliative radiation therapy curricula via an exar	mination of

theMednet

Manuscript number (if known): APM-21-956

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Date:		/lay 2) , 202	.1
Your I	Name	:	Kavi	ta V. Dharmarajan
Manu	scrip	t Title	: Iden	tifying areas of emphasis for future palliative radiation therapy curricula via an examination of
theM	ednet			
Manu	scrip	t num	ber (i	f known): APM-21-956

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3	Royalties or licenses	XNone	

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

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