

ICMJE DISCLOSURE FORM

Date: 6/10/21
 Your Name: Grace Sora Ahn
 Manuscript Title: Hypofractionated Body Radiation Therapy as Palliative Management for Symptomatic and Local Control of Advanced Thoracic
 Malignancies _____
 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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input 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 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.

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Date: 6/10/21
 Your Name: Andrew Bruggeman
 Manuscript Title: Hypofractionated Body Radiation Therapy as Palliative Management for Symptomatic and Local Control of Advanced Thoracic
 Malignancies _____
 Manuscript number (if known): _____

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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	Courage Health

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	
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11	Stock or stock options	<input 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:

A.R.B. serves as an advisor for Courage Health.

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

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ICMJE DISCLOSURE FORM

Date: 6/10/21
 Your Name: Edmund Qiao
 Manuscript Title: Hypofractionated Body Radiation Therapy as Palliative Management for Symptomatic and Local Control of Advanced Thoracic
 Malignancies _____
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/10/21
 Your Name: Vitali Moiseenko
 Manuscript Title: Hypofractionated Body Radiation Therapy as Palliative Management for Symptomatic and Local Control of Advanced Thoracic Malignancies
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/10/21
 Your Name: Xenia Ray
 Manuscript Title: Hypofractionated Body Radiation Therapy as Palliative Management for Symptomatic and Local Control of Advanced Thoracic
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 Manuscript number (if known):

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3	Royalties or licenses	<input type="checkbox"/> None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 6/10/21
 Your Name: Andrew Sharabi
 Manuscript Title: Hypofractionated Body Radiation Therapy as Palliative Management for Symptomatic and Local Control of Advanced Thoracic
 Malignancies
 Manuscript number (if known):

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Research funding and honoraria from Pfizer and Varian Medical Systems
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	Astrazeneca and Jounce Therapeutics

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	
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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 type="checkbox"/> None	Scientific founder and equity interest in Toragen Inc.

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

A.B.S. reports University research funding and honoraria from Pfizer and Varian Medical Systems, consultant fees from Astrazeneca and Jounce Therapeutics. A.B.S. is the scientific founder and has an equity interest in Toragen Inc. outside the submitted work.

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

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ICMJE DISCLOSURE FORM

Date: 6/10/21
 Your Name: James D. Murphy
 Manuscript Title: Hypofractionated Body Radiation Therapy as Palliative Management for Symptomatic and Local Control of Advanced Thoracic Malignancies
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 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/10/21
 Your Name: Ajay Sandhu
 Manuscript Title: Hypofractionated Body Radiation Therapy as Palliative Management for Symptomatic and Local Control of Advanced Thoracic
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