Date:Nov. 18, 2021
Your Name: Jordan Hill
Manuscript Title: Society for Palliative Radiation Oncology: Report from the Eighth Annual Meeting (2021)
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>.

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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 initia	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: 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		
	, , , , , , , , , , , , , , , , , , , ,		
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	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	^NOTIE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
	None.		

Da	te:Nov. 18, 2021			
Yo	ur Name: Candice John	stone		
Ma	anuscript Title: Society	for Palliative Radiation C	Oncology: Report from the Eighth Annual Meeting (2021))
Ma	anuscript number (if known)	:		
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	-		of the manuscript. Disclosure represents a commitment	
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rel	ationship/activity/interest,	it is preferable that you d	o so.	
	•	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
ma	nuscript only.			
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	alcation, even il that meale		the manageripti	
In	item #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other ite	ems,
	time frame for disclosure i		•	•
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		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	,	
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	nrocessing charges etc.)			
	processing charges, etc.) No time limit for this item.			
		Time frame: nas	at 36 months	
2	No time limit for this item.	Time frame: pas	at 36 months	
2		Time frame: pas	at 36 months	

Royalties or licenses

Consulting fees

_X__None

X__None

3

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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rit	case summanize the above to	omination interest in the loi	IIOWIIIS DOA.
	None		
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our Name: Emily Martin
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	None		
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Date:Nov. 18, 2021
Your Name: Yolanda D. Tseng
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	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
	meetings and/or travel		
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	services		
13	Other financial or non- financial interests	X None	
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Please summarize the above conflict of interest in the following box:			
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