Date: October 10th, 2022

Your Name: Christopher Jackson

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	so months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	1		
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
Ü	pending		
	p and a second		
	5		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
_			
	None.		

Date: 10/10/22 Your Name:

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Varian Medical Systems Astra Zeneca Merck	Grant support to institution Grant support to institution Grant support to institution
		Boehringer Ingelheim	Grant support to institution
		Pfizer	Grant support to institution
3	Royalties or licenses	None	
4	Consulting fees	Astra Zeneca	Consulting fee to me
		Merck	Consulting fee to me

		Boehringer Ingelheim	Consulting fee to me
		More Health	Consulting fee to me
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	International Thymic	Vice President: unpaid
	in other board, society,	Malignancy Interest Group	
	committee or advocacy	International	Board member: unpaid
	group, paid or unpaid	Mesothelioma Interest	
		Group	
		ASTRO Lung Cancer Track	Track Chair: unpaid
		Chair	
		ASCO Lung Track	Committee Member: unpaid
		Education Committee	
		ARS AUC Thoracic	Vice Chair: unpaid
11	Chook on shook and and	Committee Vice Chair	
11	Stock or stock options	None	
12	Descipt of agricument	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	NOTIC	
	manda micresis		

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

Andreas Rimner reports grant support to institution from Varian Medical Systems, Astra Zeneca, Merck, Boehringer Ingelheim, and Pfizer; and he reports consulting fee from Astra Zeneca, Merck, Boehringer Ingelheim, and More Health; and he serves as unpaid Vice President of International Thymic Malignancy Interest Group, unpaid Board member of International Mesothelioma Interest Group, unpaid Track Chair of ASTRO Lung Cancer Track Chair, unpaid Committee Member of ASCO Lung Track Education Committee, and unpaid Vice Chair of ARS AUC Thoracic 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.			

Date: 10/10/22

Your Name: Charles B. Simone, II

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
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	XNone	
	meetings and/or travel		
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		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
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13	Other financial or non-	_XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
Г			
	None		

Date: October 10th, 2022 Your Name: Emily Lebow

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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12	Other financial or non-	V None	
13	financial interests	XNone	
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rit	case summanize the above to	omnet of interest in the 10	iowing box.
	None.		
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Date: October 10th, 2022 Your Name: James Huang

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	so months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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12	Other financial or non-	V None	
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rit	case summanize the above to	omnet of interest in the 10	iowing box.
	None.		
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Date: October 10th, 2022

Your Name: Stephanie Lobaugh

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	30 months
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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lect	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
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7	Support for attending	X None		
•	meetings and/or travel			
	meetings and/or traver			
8	Patents planned, issued or	X None		
	pending			
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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			
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11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-	XNone		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None.			

Date: October 10th, 2022 Your Name: Zhigang Zhang

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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		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	

	1		
	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 Sto	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	V None	
13	financial interests	XNone	
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rit	case summanize the above to	omnet of interest in the 10	iowing box.
	None.		
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Date: 10/10/22

Your Name: Gregory Riely

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

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	manuscript (e.g., funding, provision of study materials,		
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	processing charges, etc.)		
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	any entity (if not indicated		
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3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
	Patents planned, issued or	None	
	pending		
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	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
.0	Leadership or fiduciary role	None	
	in other board, society,		
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	group, paid or unpaid		
.1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	None	
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Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
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rie	ease place an "X" next to the	e ronowing statement to if	idicate your agreement:
		ered every question and ha	ave not altered the wording of any of the questions or
	form.		

Date: October 10th, 2022 Your Name: Michelle Ginsburg

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 Sto	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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12	Other financial or non-	V None	
13	financial interests	XNone	
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rit	case summanize the above to	omnet of interest in the 10	iowing box.
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Date: 10/10/22

Your Name: Gregory Riely

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

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	any entity (if not indicated		
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4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
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	meetings and/or travel		
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
,	Safety Monitoring Board or		
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
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form.

Date: October 10th, 2022 Your Name: Jason Chang

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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		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	

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	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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 Sto	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	V None	
13	financial interests	XNone	
	illianciai interests		
DI	ease summarize the above c	anflict of interest in the fol	lowing hov
rit	case summanize the above to	omnet of interest in the 10	iowing box.
	None.		
	NOTIC.		

Date: 10/10/22

Your Name: Maria Mayoral

Manuscript Title: Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation

therapy or stereotactic body radiation therapy Manuscript number (if known): med-22-ab013

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> manuscript only.

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.

		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)
	All	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
′	meetings and/or travel	None	
	meetings and/or traver		
•		N.	
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	News	
13	Other financial or non- financial interests	None	
	illialiciai iliterests		
DIA	ease summarize the above c	anflict of interest in the fo	llowing hove
FIE	ase summanize the above to	ominer of interest in the it	mowing box.

None		

ICMJE DISCLOSURE FORM						
Date:		9/26/2022				
Your Name:		Daniel Gomez	Daniel Gomez			
Manuscript Title:			Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy			
Manuscript Number (if known):		own):med-22-ab013				
con affe indi	tent of your manuscri cted by the content o cate a bias. If you are	t. "Related" means any rela the manuscript. Disclosure n doubt about whether to li	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
epic	lemiology of hyperter			ample, if your manuscript pertains to the cturers of antihypertensive medication, even if		
	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.					
		lame all entities with whor elationship or indicate non		Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: S	ince the initial plannin	g of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	[⊠] None		Click the tab key to add additional rows.		
	article processing charges, etc.) No time limit for this item.					
	article processing charges, etc.) No time limit for	Tin	ne frame: past 36 mon	ths		
2	article processing charges, etc.) No time limit for	Tin [□] None /arian, AstraZeneca, Merck,		ths		
2	article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in	□ None		ths		

		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	None GRAIL, AstraZeneca, Olympus, Johnson and Johnson, V	arian, Medtronic
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None MedLearning Group, Varian	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	GRAIL	
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	

		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	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Please place an "X" next to the following statement to indicate your agreement:				

Date:			10/10/2022		
Your Name:			Annemarie Shepherd		
Manuscript Title:			Treatment of thymic oligometastastic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy		
Manuscript Number (if known):		nown):	med-22-ab013		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be muscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		nsion, yo		cample, if your manuscript pertains to the cturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36 r			ort for the work reported in this manuscript wit 5 months.	thout time limit. For all other items, the time	
			III entities with whom you have this aship 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	ng of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,		None		
	medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.		Time frame: past 36 mon		
2	medical writing, article processing charges, etc.) No time limit for				

		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	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	Memorial Sloan Kettering Cancer Center Travel Stipend	
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	

		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	None ArcellX			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	[⊠] None			
Plea	Please place an "X" next to the following statement to indicate your agreement:				