

ICMJE DISCLOSURE FORM

Date: October 10th, 2022

Your Name: Christopher Jackson

Manuscript Title: Treatment of thymic oligometastatic 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 current manuscript only.

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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 checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" 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 summarize the above conflict of interest in the following box:

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.

ICMJE DISCLOSURE FORM

Date: 10/10/22

Your Name:

Manuscript Title: Treatment of thymic oligometastatic or oligoproliferative 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			
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		Astra Zeneca	Grant support to institution
		Merck	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
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	International Thymic Malignancy Interest Group	Vice President: unpaid
		International Mesothelioma Interest Group	Board member: unpaid
		ASTRO Lung Cancer Track Chair	Track Chair: unpaid
		ASCO Lung Track Education Committee	Committee Member: unpaid
		ARS AUC Thoracic Committee Vice Chair	Vice Chair: unpaid
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	

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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.

ICMJE DISCLOSURE FORM

Date: 10/10/22

Your Name: Charles B. Simone, II

Manuscript Title: Treatment of thymic oligometastatic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy

Manuscript number (if known): med-22-ab013

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ICMJE DISCLOSURE FORM

Date: October 10th, 2022

Your Name: Emily Lebow

Manuscript Title: Treatment of thymic oligometastatic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy

Manuscript number (if known): med-22-ab013

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ICMJE DISCLOSURE FORM

Date: October 10th, 2022

Your Name: James Huang

Manuscript Title: Treatment of thymic oligometastatic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy

Manuscript number (if known): med-22-ab013

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ICMJE DISCLOSURE FORM

Date: October 10th, 2022

Your Name: Stephanie Lobaugh

Manuscript Title: Treatment of thymic oligometastatic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy

Manuscript number (if known): med-22-ab013

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ICMJE DISCLOSURE FORM

Date: October 10th, 2022

Your Name: Zhigang Zhang

Manuscript Title: Treatment of thymic oligometastatic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy

Manuscript number (if known): med-22-ab013

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ICMJE DISCLOSURE FORM

Date: 10/10/22

Your Name: Gregory Riely

Manuscript Title: Treatment of thymic oligometastatic or oligoproliferative lesions with hypofractionated radiation therapy or stereotactic body radiation therapy

Manuscript number (if known): med-22-ab013

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Date: October 10th, 2022

Your Name: Michelle Ginsburg

Manuscript Title: Treatment of thymic oligometastatic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy

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ICMJE DISCLOSURE FORM

Date: October 10th, 2022

Your Name: Jason Chang

Manuscript Title: Treatment of thymic oligometastatic or oligoprogressive lesions with hypofractionated radiation therapy or stereotactic body radiation therapy

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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 checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" 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 summarize the above conflict of interest in the following box:

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.

ICMJE DISCLOSURE FORM

Date: 10/10/22

Your Name: Maria Mayoral

Manuscript Title: Treatment of thymic oligometastatic 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 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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	_____ None	
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	
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 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.

ICMJE DISCLOSURE FORM

Date: 9/26/2022

Your Name: [Daniel Gomez]

Manuscript Title: [Treatment of thymic oligometastatic 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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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 <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None Varian, AstraZeneca, Merck, BMS <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		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	<input type="checkbox"/> None GRAIL, AstraZeneca, Olympus, Johnson and Johnson, Varian, Medtronic	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None MedLearning Group, Varian	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
7	Support for attending meetings and/or travel	<input type="checkbox"/> None GRAIL	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 10/10/2022

Your Name: [Annemarie Shepherd]

Manuscript Title: [Treatment of thymic oligometastatic 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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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 type="checkbox"/> None	
		Memorial Sloan Kettering Cancer Center Travel Stipend	
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	

		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	<input checked="" type="checkbox"/> None	
		ArcellX	
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	

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