

ICMJE DISCLOSURE FORM

Date: 11/6/23

Your Name: Sana Raof

Manuscript Title: Outcomes and Toxicities of Definitive radiation therapy for unresected thymic 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.

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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.	___ None	
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	GRAIL	Consultant on topic of liquid biopsy, paid personally
		EXACT	Consultant on topic of liquid biopsy, paid personally
		Verily	Consultant on topic of liquid biopsy, paid personally

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Grand Rounds at Dartmouth	Paid personally
		Grand rounds for continuing medical education on cancer screening	Paid personally
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	Illumina	Own stocks
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:

Completely unrelated to manuscript. Consulting is on topic of molecular cancer screening.

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: 11/21/2023
 Your Name: Annemarie F. Shepherd
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies_
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ None	

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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: 11/11/23

Your Name: Daphna Y Gelblum

Manuscript Title: Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies

Manuscript number (if known):

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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:

I have 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: _____ 11/21/2023 _____
 Your Name: _____ Charles B. Simone, II _____
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic 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.

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None

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

ICMJJE DISCLOSURE FORM

Date: _____ 11/21/2023 _____
 Your Name: _____ Abraham J. Wu _____
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies_
 Manuscript number (if known): _____

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None

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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: _____ 11/21/2023 _____
 Your Name: _____ Daniel Gomez _____
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies_
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 11/21/2023 _____
 Your Name: _____ Michelle Ginsberg _____
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies_
 Manuscript number (if known): _____

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

ICMJJE DISCLOSURE FORM

Date: _____ 11/21/2023 _____
 Your Name: _____ Andrew Pagano _____
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies_
 Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: _____ 11/21/2023 _____
 Your Name: _____ Jason Chang _____
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies_
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 11/21/2023 _____
 Your Name: _____ Gregory Riely _____
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies_
 Manuscript number (if known): _____

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Date: _____ 11/21/2023 _____
 Your Name: _____ James Huang _____
 Manuscript Title: _ Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies_
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ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: Andreas Rimner

Manuscript Title: Outcomes and Toxicities of Definitive radiation therapy for unresected thymic malignancies

Manuscript Number (if known): Click or tap here to enter text.

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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%; height: 100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							Click the tab key to add additional rows.

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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 <table border="1" style="margin-top: 10px;"> <tr> <td>Varian Medical Systems</td> <td>Grants to institution for investigator-initiated trials</td> </tr> <tr> <td>AstraZeneca</td> <td>Grants to institution for investigator-initiated trials</td> </tr> <tr> <td>Merck</td> <td>Grants to institution for investigator-initiated trials</td> </tr> <tr> <td>Pfizer</td> <td>Grant to institution for investigator-initiated trial</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>Grant to institution for investigator-initiated trial</td> </tr> </table>	Varian Medical Systems	Grants to institution for investigator-initiated trials	AstraZeneca	Grants to institution for investigator-initiated trials	Merck	Grants to institution for investigator-initiated trials	Pfizer	Grant to institution for investigator-initiated trial	Boehringer Ingelheim	Grant to institution for investigator-initiated trial	
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Boehringer Ingelheim	Grant to institution for investigator-initiated trial												
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="margin-top: 10px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="margin-top: 10px;"> <tr> <td>Boehringer Ingelheim</td> <td>Consulting fees to me</td> </tr> <tr> <td>AstraZeneca</td> <td>Consulting fees to me</td> </tr> <tr> <td>Merck</td> <td>Consulting fees to me</td> </tr> <tr> <td>MoreHealth</td> <td>Consulting fees to me</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Boehringer Ingelheim	Consulting fees to me	AstraZeneca	Consulting fees to me	Merck	Consulting fees to me	MoreHealth	Consulting fees to me			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="margin-top: 10px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="margin-top: 10px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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)								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Merck</td> <td style="padding: 5px;">Scientific Advisory Board Member for KEYLYNK-012 and KEYLYNK-013 studies</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Merck	Scientific Advisory Board Member for KEYLYNK-012 and KEYLYNK-013 studies							
Merck	Scientific Advisory Board Member for KEYLYNK-012 and KEYLYNK-013 studies										
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">ITMIG</td> <td style="padding: 5px;">Vice President of the International Thymic Malignancies Interest Group</td> </tr> <tr> <td style="padding: 5px;">IMIG</td> <td style="padding: 5px;">Board Member of the International Mesothelioma Interest Group</td> </tr> <tr> <td style="padding: 5px;">ASTRO</td> <td style="padding: 5px;">Lung Track Chair of the ASTRO Annual Meeting</td> </tr> <tr> <td style="padding: 5px;">ABR</td> <td style="padding: 5px;">Member of the Board of Examiners of the American Board of Radiology</td> </tr> </table>	ITMIG	Vice President of the International Thymic Malignancies Interest Group	IMIG	Board Member of the International Mesothelioma Interest Group	ASTRO	Lung Track Chair of the ASTRO Annual Meeting	ABR	Member of the Board of Examiners of the American Board of Radiology	
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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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	gifts or other services							
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="462 499 1372 598"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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.