

ICMJE DISCLOSURE FORM

Date: 06/09/2022

Your Name: Vaandering

Manuscript Title: Favouring quality improvement initiatives: The experience of the Belgian College of Radiation Oncology

Manuscript number (if known): PCM-2022-QAR-02

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. | Belgian Federal Government for Public Health - Belgian College of Radiation Oncology | Payment of 0,33FTE made to my institution to be able to carry out defined tasks for the College |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | IAEA: Lectures in QUATRO workshop | Payment made to me |
| | | | |
| 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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| | | | |
| 8 | Patents planned, issued or pending | <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 | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Vice-president of AFITER.be (Belgian association of RTTs) | Non-paid |
| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | | |
| 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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Please summarize the above conflict of interest in the following box:

Aude Vaandering has completed the ICMJE uniform disclosure form and declares being paid part time by the Belgian College of Radiation Oncology as well as being lecturer for the Internal Atomic Energy Agency.

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.

A handwritten signature in blue ink, appearing to be "BV" followed by a horizontal line, is written over the text.

ICMJE DISCLOSURE FORM

Date: Sept 08, 2022

Your Name: Sarah Roels

Manuscript Title: Favouring quality improvement initiatives: The experience of the Belgian College of Radiation Oncology

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.

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | | <input checked="" type="checkbox"/> None | |

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| | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <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 | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

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: 12 September 2022

Your Name: Msc Burak Yalvac

Manuscript Title: Favours quality improvement initiatives: The experience of the Belgian College of Radiation Oncology

Manuscript number (if known): PCM-2022-QAR-02 (PCM-22-15)

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. | Institut Roi Albert II | Payment to our institution |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u> </u> #1 | |
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| | | | |
| 3 | Royalties or licenses | <u> </u> None | |
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| 4 | Consulting fees | <u> </u> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| 11 | Stock or stock options | ___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ Yes | A head phantom received from the college of medicine |
| | | | Received by our institution |
| | | | |
| 13 | Other financial or non-financial interests | ___ yes | Paid audits in radiotherapy departments. Payment to our institution |
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Please summarize the above conflict of interest in the following box:

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: 12 Septembre 2022

Your Name: Nathalie Reulens

Manuscript Title: Favoursing quality improvement initiatives: The experience of the Belgian College of Radiation Oncology

Manuscript number (if known): PCM-2022-QAR-02 (PCM-22-15)

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: 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. | Institut Roi Albert II | Payment to our institution |
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| Time frame: past 36 months | | | |
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| 3 | Royalties or licenses | ___ None | |
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| 4 | Consulting fees | ___ None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| 11 | Stock or stock options | ___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ Yes | A head phantom received from the college of medicine |
| | | | Received by our institution |
| | | | |
| 13 | Other financial or non-financial interests | ___ yes | Paid audits in radiotherapy departments. Payment to our institution |
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Please summarize the above conflict of interest in the following box:

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: 12 Septembre 2022
 Your Name: Prof Dr Brigitte Reniers
 Manuscript Title: Favouring quality improvement initiatives: The experience of the Belgian College of Radiation Oncology
 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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| 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. | Institut Roi Albert II | Payment to our institution |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>#1</u> | |
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| 3 | Royalties or licenses | <u>None</u> | |
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| 4 | Consulting fees | <u>None</u> | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| 6 | Payment for expert testimony | ____ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____ None | |
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| | | | |
| 11 | Stock or stock options | ____ None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ Yes | A head phantom received from the college of medicine |
| | | | Received by our institution |
| | | | |
| 13 | Other financial or non-financial interests | ____ yes | Paid audits in radiotherapy departments. Payment to our institution |
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Please summarize the above conflict of interest in the following box:

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: 08/09/2022

Your Name: Frederik Vanhoutte

Manuscript Title: Favouring quality improvement initiatives: The experience of the Belgian College of Radiation Oncology

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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| 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. | <div>None</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <div>None</div> <div></div> <div></div> | |
| 3 | Royalties or licenses | <div>None</div> <div></div> <div></div> | |
| 4 | Consulting fees | <div>None</div> <div></div> | |

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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| 11 | Stock or stock options | ___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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Please summarize the above conflict of interest in the following box:

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|--------------------------|
| No conflict of interests |
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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:

SEPT 08 2022

Your Name:

VINCENT RENOUCHANS

Manuscript Title:

FAVOURING QUALITY IMPROVEMENT INITIATIVE: THE EXPERIENCE

Manuscript number (if known):

OF THE BELGIAN COLLEGE OF MANIPULATION

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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| 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="radio"/> None | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="radio"/> None | |
| 3 | Royalties or licenses | <input checked="" type="radio"/> None | |
| 4 | Consulting fees | <input checked="" type="radio"/> 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.

Dr. Vincent REMOUCHAMPS
 Radiothérapeute
 CHU UCL Namur | Site de Sainte-Elisabeth
 Place Louise Godin 15
 B5000 Namur (Belgique)
 Tél. : +32 (0)81 72 05 25
 INAMI :1-92812-24-960

ICMJE DISCLOSURE FORM

Date: 7 September 2022 _____

Your Name: Yolande Lievens _____

Manuscript Title: Favouring quality improvement initiatives: The experience of the Belgian College of Radiation Oncology

Manuscript number (if known): PCM-2022-QAR-02 _____

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 | None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| 11 | Stock or stock options | ___ None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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Please summarize the above conflict of interest in the following box:

Yolande Lievens declares to have no conflicts of interest pertaining to the current publication.

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: 8 September 2022_____

Your Name: Reinhilde Weytjens_____

Manuscript Title: Favouring quality improvement initiatives: The experience of the Belgian College of Radiation Oncology

Manuscript number (if known): PCM-2022-QAR-02_____

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