Date: 8/11/2021
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Your Name: Sara Beltrán Ponce

Manuscript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal

**Canal Cancer** 

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)	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.	XNone	
		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	X_None	

		Т			
5	Payment or honoraria for	_XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
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7	Support for attending	_XNone			
	meetings and/or travel				
8	Patents planned, issued or	X None			
٥					
	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				
11	Stock or stock options	X None			
	·				
12	Receipt of equipment,	X None			
1-2	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	V Neme			
13		XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
	None				

Date: 8	8/11/	2021
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Your Name: Beth A Erickson

Manuscript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal

**Canal Cancer** 

Manuscript number (	if known):	

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3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5 Payment or honoraria for	_XNone			
lectures, presentations,				
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manuscript writing or				
educational events				
6 Payment for expert	X None			
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7 Support for attending	X None			
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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			
11 Stock of Stock options				
12 Receipt of equipment,	V. None			
Receipt of equipment, materials, drugs, medical	_XNone			
_				
writing, gifts or other				
services  Other financial or non-	X None			
financial interests	XNone			
ililanciai interests				
Please summarize the above conflict of interest in the following box:				
None				
None		I		

None		

Date: 8/11/2021
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Your Name: William Hall

Manuscript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal

**Canal Cancer** 

Manuscript number (	if known):	

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3	Royalties or licenses	XNone	

4	Consulting fees	X_None	
•	consuming rees		
5	Payment or honoraria for	X None	
J	lectures, presentations,	_ANone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
U	testimony	XNotie	
	testimony		
7	Company for alternative	V None	
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		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

William A. Hall, MD has grant funding from the We Care Fund for Medical Innovation and Research, Elekta Instruments AB, Advancing Healthier Wisconsin Research and Education Program and is a Co-I on R01CA247960 and R01CA24988 funded grants. All funding is paid to the institution.

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: 8/11/202	21
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Your Name: Meena Bedi

Manuscript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal

**Canal Cancer** 

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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	X_None	

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 meetings and/or travel	_XNone	
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	_XNone	
	in other board, society,		
	committee or advocacy		
4.4	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		
Plea	ase summarize the above co	nflict of interest in the fo	llowing box:
	None		

Date:	August 6, 2021
Your Name:	Michael Martens
Manuscript Title:	Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in
	_Anal Canal Cancer
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: 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	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	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		100.10	
12	Receipt of equipment,	None	
12		INOTIC	
	materials, drugs, medical		
	writing, gifts or other		
12	services	Nega	
13	Other financial or non-	None	
	financial interests		

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:

Date:_	Avrift 11,2001
Your N	ame: Malila h W
Manus	cript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal Canal Cancer
Manus	cript 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: pas	st 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	<u>×</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	The second secon	
5	Payment for expert	√ None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	-	
8	Patents planned, issued or	<u>Y</u> None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board	N.	
10	Leadership or fiduciary role	_/~None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u> </u>	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests	1	
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NINE		

Date: 8/11/2021	
Your Name: James Thomas	

Manuscript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal

**Canal Cancer** 

Manuscript number (	if known)·		
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3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

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 meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
4.4	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		
Plea	ase summarize the above co	nflict of interest in the fo	llowing box:
	None		

Date	e: 8/11	/202	1	
		_	_	

**Your Name: Ben George** 

Manuscript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal

**Canal Cancer** 

Manuscript number (if k	known):
ivianuscript number (if k	known):

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	manuscript (e.g., funding,		
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	X	
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7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
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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		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
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13	Other financial or non-	X None	
	financial interests		
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riea	ise summarize the above co	muct of interest in the fo	nowing nox:
	None		
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Date:	AUGUST 6	, 2021					
Your Name:	KIRK LU	DWIG					
Manuscript Title:	LONG TERM	CLINICAL	OUTCOMES A	no Assa	SCIATED	PREDICTORS	at.
Manuscript numbe			WW PAEE				

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	L. Commission of the Commissio	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	_ <b>y</b> _None	
4	Consulting fees	_ <b>X</b> _None	

WHEN Y			
5	Payment or honoraria for	<u></u> ✓ None	
	lectures, presentations,		
	speakers bureaus,		
estant.	manuscript writing or		
事.	educational events		
6	Payment for expert	None	
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7	Support for attending	_ <b>V</b> None	
	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<u></u> None <u>d</u>	
6	Safety Monitoring Board or		
	Advisory Board		
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	group, paid or unpaid		
11	Stock or stock options	<b>№</b> None	
12	Receipt of equipment,	> None	
12	materials, drugs, medical	_ <b>p</b> _None	
	writing, gifts or other		
11.	services		
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13	Other financial or non-	<u></u> None	
	financial interests		
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Please summarize the above conflict of interest in the following box:

	-	
None		
9		

Please place an " $\mathbf{X}$ " next to the following statement to indicate your agreement:

Date:8-10-202	1
Your Name:C	Carrie Y. Peterson, MD, MS
<b>Manuscript Title:</b>	Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal
Canal Cancer	
Manuscript numb	er (if known):

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		I	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending	None	
,	meetings and/or travel	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
,	Safety Monitoring Board or	NOTIC	
	Advisory Board		
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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		
	services		
13	Other financial or non-	None	
_	financial interests		
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riea	se summarize the above co	nnict of interest in the fo	nowing pox:
	None		

Your Name: Timothy Ridolfi

Manuscript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal

**Canal Cancer** 

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3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

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

Your Name: John M Longo

Manuscript Title: Long Term Clinical Outcomes and Associated Predictors of Progression Free Survival in Anal

**Canal Cancer** 

Manuscript number (	if known):	

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