

## ICMJE DISCLOSURE FORM

Date: 8/11/2021

Your Name: Sara Beltrán Ponce

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.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ 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: 8/11/2021

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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## ICMJE DISCLOSURE FORM

Date: 8/11/2021

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).		<i>We Care Fund for Medical Innovation and Research, Elekta Instruments AB, Advancing Healthier Wisconsin Research and Education Program</i>
3	Royalties or licenses	<u>  X  </u> None	

4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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*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:

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: 8/11/2021

Your Name: Meena Bedi

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None
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**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: 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): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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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
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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: August 11, 2021  
 Your Name: Malika Hlav  
 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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Please summarize the above conflict of interest in the following box:

NONE

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*Mahty*  
 SIKER  
 8/11/2021  
 5:52

## ICMJE DISCLOSURE FORM

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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None
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## ICMJE DISCLOSURE FORM

Date: 8/11/2021

Your Name: Ben George

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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ICMJE DISCLOSURE FORM

Date: AUGUST 6, 2021  
 Your Name: KIRK LUDWIG  
 Manuscript Title: LONG TERM CLINICAL OUTCOMES AND ASSOCIATED PREDICTORS OF  
 Manuscript number (if known): PADGETSON FREE SURVIVAL IN ANKLE 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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None
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## ICMJE DISCLOSURE FORM

Date: 8-10-2021

Your Name: Carrie Y. Peterson, MD, MS

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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## ICMJE DISCLOSURE FORM

Date: 8/11/2021

Your Name: Timothy Ridolfi

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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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	
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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	
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**Please summarize the above conflict of interest in the following box:**

None
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**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: 8/11/2021

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): \_\_\_\_\_

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



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

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