Date: 9/8/2021	
Your Name: Michael Padgett, BS	
Manuscript Title: Patterns-of-Care Disparities among Uninsured versus Insured Patients with Anorectal Carcinoma Referred for Radiotherapy at an Urban Safety-N	-Net Hospit
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 <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

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

Date: 9/8/2021	
Your Name: Shivam M. Kharod, MD	
Manuscript Title: Patterns-of-Care Disparities among Uninsured versus Insured Patients with Anorectal Carcinoma Referred for Radiotherapy at an Urban Safety	ty-Net Hospit
Manuscript number (if known):	

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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.	X None	
		Time frame: past	36 months
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	

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

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Date: 9/8/2021	
Your Name: Catherine E. Mercado, MD	
Manuscript Title: Patterns-of-Care Disparities among Uninsured versus Insured Patients with Anorectal Carcinoma Referred for Radiotherapy at an Urban Safety-	/-Net Hospit
Manuscript number (if known):	

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		Time frame: past	36 months
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	

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

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Date: 9/8/2021	
Your Name: Christopher G. Morris, MS	
Manuscript Title: Patterns-of-Care Disparities among Uninsured versus Insured Patients with Anorectal Carcinoma Referred for Radiotherapy at an Urban Safe	fety-Net Hospit
Manuscript number (if known):	
Transcript number (ii known).	

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

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

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Date: 9/8/2021	
Your Name: Michael S. Rutenberg, MD, PhD	
Manuscript Title: Patterns-of-Care Disparities among Uninsured versus Insured Patients with Anorectal Carcinoma Referred for Radiotherapy at an Urban Safety-Ne	t Hospit
Manuscript number (if known):	

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	X None X None	36 months
4	Consulting fees	X None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	<u>X_None</u> <u>X_None</u>
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X 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	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	X None

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Date: 9/8/2021	
Your Name: Romaine C. Nichols, Jr, MD	
Manuscript Title: Patterns-of-Care Disparities among Uninsured versus Insured Patients with Anorectal Carcinoma Referred for Radiotherapy at an Urban Safe	ety-Net Hospit
Manuscript number (if known):	

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	X None X None	36 months
4	Consulting fees	X None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	<u>X_None</u> <u>X_None</u>
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X 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	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	X None

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