Date:__2021-7-22____

Your Name:_____

Manuscript Title:___Long-term radiation therapy-related risk of second primary malignancies in patients with lung cancer_____

Manuscript number (if known):_____

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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) 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	None	

	in item #1 above).		
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		
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8	Patents planned, issued or	None	
	pending		
9 Participation on a Data		None	
	Safety Monitoring Board or		
10	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	
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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Your Name:

Manuscript Title: Long-term radiation therapy-related risk of second primary malignancies in patients with lung cancer_____ Manuscript number (if known):_____ cancer

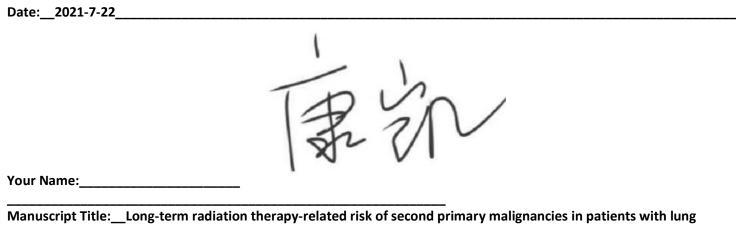
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	educational events	Nie is a	
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6	Payment for expert	None	
_	testimony		
7	Support for attending	None	
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pending			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
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	materials, drugs, medical		
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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	

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8	Patents planned, issued or	None	
	pending		
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9	 Participation on a Data Safety Monitoring Board or 	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
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11	Stock or stock options	None	
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12	.2 Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
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