Date: Wednesday 9 March 2022					
You	Your Name:Dr Mohammad Gouran Savadkoohi				
Lo	Manuscript Title: Contemporary Real-world Radiotherapy Outcomes of Unresected Locally Advanced Non-Small Cell Lung Cancer (LA-NSCLC) From Ontario, Canada.				
Mar	nuscript number (if known):				
rela part to ti	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.				
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>		
The author's relationships/activities/interests should be <u>defined broadly</u> . 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)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Time frame: Since the initialX None	planning of the work		

Time frame: past 36 months

_X__

None

processing charges, etc.)

No time limit for this item.

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
7	Support for attending meetings and/or travel	X None	
0		V N	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X_ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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: Wednesday, March 9,2022				
You	r Name:Dr Aruz Mesci			
Lo	-	_	adiotherapy Outcomes of Unresected Cancer (LA-NSCLC) From Ontario,	
Mar	nuscript number (if known):			
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a o.	
	following questions apply to	o the author's relationships	s/activities/interests as they relate to the <u>current</u>	
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains ll relationships with manufacturers of antihypertensive e manuscript.	
	em #1 below, report all sup time frame for disclosure is	-	in this manuscript without time limit. For all other item	ıs,
		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)	
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initialx None	planning of the work	

Time frame: past 36 months

None

medical writing, article processing charges, etc.)

No time limit for this item.

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_x None	
4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations,	x_ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
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	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_ None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x_ None	

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:9 March 2022	_
Your Name:Gregory R Pond	Manuscript
Title: Contemporary Real-world Radiotherapy Outcomes Of Unresected Locally Advanced No.	n-Small
Cell Lung Cancer (LA-NSCLC) from Ontario, Canada.	
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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) 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.	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	None	I received consulting fees from Profound Medical and from Merck
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	I received honoraria from Astra-Zeneca for educational events
	manuscript writing or educational events		
6	Payment for expert testimony	_X None	
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	None	I received an honorarium from Takeda for DSMB membership
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	See #13
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
12	services	News	Library day 6 million and a library day 1
13	Other financial or non- financial interests	None	I have a close family member who is an employee of Roche Canada, and who owns stock in Roche Ltd.

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: Wednesday 9 March 2022
Your Name: Dr Anand Swaminath
Manuscript Title: Contemporary Real-world Radiotherapy Outcomes of Unresected Locally Advanced Non-Small Cell Lung Cancer (LA-NSCLC) From Ontario, Canada.
Canaua.
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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	X None	
		Time frame: past	36 months
2		X None	

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
7	Support for attending meetings and/or travel	X None	
0		V N	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X_ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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	e: Wednesday 9 March 2022		
You	r Name:Dr Kimm	en Quan	
Lo	<u>-</u>	_	adiotherapy Outcomes of Unresected Cancer (LA-NSCLC) From Ontario,
Mar	nuscript number (if known):		
rela part to ti rela	ted to the content of your n lies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
	nuscript only.	o the author's relationship	syactivities/interests as they relate to the <u>current</u>
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items
		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)
1	All support for the present	Time frame: Since the initial X None	planning of the work
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NONE	

Time frame: past 36 months

_X__

None

No time limit for this item.

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
7	Support for attending meetings and/or travel	X None	
0		V N	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X_ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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: Wednesday 9 March 2022			
You	r Name: DR J.R.Wr	right	
Lo	-		adiotherapy Outcomes of Unresected Cancer (LA-NSCLC) From Ontario,
Mar	nuscript number (if known):		
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
	following questions apply to	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to t		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items
		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	X None	

Time frame: past 36 months

__X__ None

processing charges, etc.)

No time limit for this item.

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
7	Support for attending meetings and/or travel	X None	
0		V N	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X_ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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: Wednesday 9 March 2022			
You	r Name: DR T. Tsal	kiridis	
Lo	•	•	adiotherapy Outcomes of Unresected Cancer (LA-NSCLC) From Ontario,
Mar	nuscript number (if known):		
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other items
		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,	X None	

Time frame: past 36 months

__X__ None

medical writing, article processing charges, etc.)

No time limit for this item.

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
7	Support for attending meetings and/or travel	X None	
0		V N	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X_ None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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.			