

## ICMJE DISCLOSURE FORM

**Date:** 6/1/2022

**Your Name:** Shane Neibart

**Manuscript Title:** Pneumonitis in Advanced Non-Small Cell Lung Cancer: No Interaction Between Immune Checkpoint Inhibition and Radiation Therapy

**Manuscript Number (if known):** [Click or tap here to enter text.]

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 author's relationships/activities/interests should be defined broadly. 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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	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 type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">RSNA R&amp;E Foundation Medical Student Grant</td> <td>Institution</td> </tr> <tr> <td>Chancellor's Global Health Scholarship</td> <td>Tuition</td> </tr> <tr> <td>the National Center for Advancing Translational Sciences (NCATS) Fellowship UL1</td> <td>Tuition, stipend, research funding</td> </tr> </table>	RSNA R&E Foundation Medical Student Grant	Institution	Chancellor's Global Health Scholarship	Tuition	the National Center for Advancing Translational Sciences (NCATS) Fellowship UL1	Tuition, stipend, research funding
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<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						

		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)
4	Consulting fees	<input type="checkbox"/> None	
		Hibiscus BioTechnology	Payment for consulting service
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Novocure Travel Grant	ACRO Annual Meeting
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	

		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)
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:** 6/1/2022

**Your Name:** Jyoti Malhotra, MD MPH

**Manuscript Title:** Pneumonitis in Advanced Non-Small Cell Lung Cancer: No Interaction Between Immune Checkpoint Inhibition and Radiation Therapy

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

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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 place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

**Date:** 6/1/2022

**Your Name:** Jason Roy

**Manuscript Title:** Pneumonitis in Advanced Non-Small Cell Lung Cancer: No Interaction Between Immune Checkpoint Inhibition and Radiation Therapy

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>1</b>	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"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	X <b>None</b>	
		X	
<b>7</b>	Support for attending meetings and/or travel	X <b>None</b>	
<b>8</b>	Patents planned, issued or pending	X <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	X <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X <b>None</b>	



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<b>11</b>	Stock or stock options	X <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b> <input checked="" type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	X <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 6/3/2022

**Your Name:** Brian Strom

**Manuscript Title:** Pneumonitis in Advanced Non-Small Cell Lung Cancer: No Interaction Between Immune Checkpoint Inhibition and Radiation Therapy

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<b>6</b>	Payment for expert testimony	X <b>None</b>	
		X	
<b>7</b>	Support for attending meetings and/or travel	X <b>None</b>	
<b>8</b>	Patents planned, issued or pending	X <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	X <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X <b>None</b>	

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b> X	
<b>13</b>	Other financial or non-financial interests	X <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 6/1/2022

**Your Name:** Salma K. Jabbour

**Manuscript Title:** Pneumonitis in Advanced Non-Small Cell Lung Cancer: No Interaction Between Immune Checkpoint Inhibition and Radiation Therapy

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4	Consulting fees	<input type="checkbox"/> None	
		Merck & Co, Inc	Research Consultant
		IMX medical	reviewer
		Syntactx	Adjudication Committee
		Novocure Radialogica	Consultant Consultant
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 type="checkbox"/> None	
		Advarra	Unrelated to study
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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