

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Thomas

2. Surname (Last Name) _____ Hayman

3. Date _____ 16-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name _____ Henry S. Park

5. Manuscript Title
Combinations of immunotherapy and radiation therapy in head and neck squamous cell carcinoma: current practice and future directions.

6. Manuscript Identifying Number (if you know it) _____

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Springbank Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Hayman reports non-financial support from Springbank Pharmaceuticals, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Aarti

2. Surname (Last Name)

Bhatia

3. Date

16-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Henry S. Park

5. Manuscript Title

Combinations of immunotherapy and radiation therapy in head and neck squamous cell carcinoma: current practice and future directions.

6. Manuscript Identifying Number (if you know it)

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Dr. Bhatia has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Krishan 2. Surname (Last Name) Jethwa 3. Date 16-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Henry S. Park

5. Manuscript Title
Combinations of immunotherapy and radiation therapy in head and neck squamous cell carcinoma: current practice and future directions.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No
If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
RadOncQuestions, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honoraria

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Jethwa reports other from RadOncQuestions, LLC, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Melissa

2. Surname (Last Name)

Young

3. Date

16-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Henry S. Park

5. Manuscript Title

Combinations of immunotherapy and radiation therapy in head and neck squamous cell carcinoma: current practice and future directions.

6. Manuscript Identifying Number (if you know it)

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Dr. Young has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Henry

2. Surname (Last Name)
Park

3. Date
16-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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RadOncQuestions, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honoraria (past)

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Dr. Park reports other from RadOncQuestions, LLC, outside the submitted work; .

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