| Date: | 3/25/2022 | |
|-------------------------------|--|--|
| Your Name: | Vincent VINH-HUNG | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| Manuscript Number (if known): | TCR-22-821 | |

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.

| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None 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 | Received travel support from Ipsen | |
| 8 | Patents planned, issued or pending | [□] None Patent USPTO 62/608,751, WO/2019/014384 | |
| 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 | |

| | | 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 | None Bristol-Myers Squibb and Siemens stock through etoro | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | 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. | | |

| Date: | 3/25/2022 | |
|-------------------------------|--|--|
| Your Name: | Olena GOROBETS | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| Manuscript Number (if known): | TCR-22-821 | |

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|----|---|--|---|
| 4 | Consulting fees | None 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 | |

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | 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. | | |

| Date: | 3/28/2022 |
|-------------------------------|---|
| Your Name: | Andre Duerinckx |
| Manuscript Title: | IS IMMUNOTHERAPY AT REDUCED DOSE AND RADIOTHERAPY FOR OLDER PATIENTS WITH LOCALLY ADVANCED NON-SMALL LUNG CANCER FEASIBLE? A NARRATIVE REVIEW BY THE INTERNATIONAL GERIATRIC RADIOTHERAPY GROUP |
| Manuscript Number (if known): | TCR-22-821 |

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| 3 | Royalties or licenses | None | |

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|----|---|--|---|
| 4 | Consulting fees | None 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 | |
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| | | 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) |
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| 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 | |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 6/27/2022 | |
|-------------------------------|--|--|
| Your Name: | Suresh Dutta | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| Manuscript Number (if known): | Click or tap here to enter text. | |

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| 3 | Royalties or licenses | None | |

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|----|---|--|---|
| 4 | Consulting fees | None 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 | |

| | | 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) |
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| 11 | Stock or stock options | None | |
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| 13 | Other financial or non-financial interests | □ None | |
| Plea | 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. | | |

| Date: | 3/24/2022 | |
|-------------------------------|--|--|
| Your Name: | Eromosele Oboite | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| Manuscript Number (if known): | Click or tap here to enter text. | |

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| | | 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 | None 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 | |

| | | 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) |
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| 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 | |
| Plea | 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. | | |

| Date: | 3/24/2022 | |
|-------------------------------|--|--|
| Your Name: | Joan Oboite | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| 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.

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| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | [⊠] None | |
| 8 | Patents planned, issued or pending | [⊠] None | |
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|---|--|--|---|
| 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 | |
| Please place an "X" next to the following statement to indicate your agreement: | | | |

| Date: | 3/28/2022 | | |
|--|---|--|--|
| Your Name: | Ahmed Ali | | |
| Manuscript Title: | IS IMMUNOTHERAPY AT REDUCED DOSE AND RADIOTHERAPY FOR OLDER PATIENTS WITH LOCALLY ADVANCED NON-SMALL LUNG CANCER FEASIBLE? A NARRATIVE REVIEW BY THE INTERNATIONAL GERIATRIC RADIOTHERAPY GROUP | | |
| Manuscript Number (if known): | TCR-22-821 | | |
| 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. | | | |

| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|---|---|
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | Image: Second content of the content | |
| 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 | Image: Second content of the content | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | | e all entities with whom you have this onship 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 | | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | None | |
| 13 | Other financial or non-financial interests | | None | |
| Plea [🖂 | 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. | | | |

| ICIAIL DISCLOSURE FORM | | | |
|--|--|--|--|
| Date: | 3/25/2022 | | |
| Your Name: | Dr Thandeka Mazibuko | | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | | |
| Manuscript Number (if known): | TCR-22-821 | | |
| 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 | | | |
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| 2 | Grants or contracts from any entity (if not indicated in item | None | |
| 3 | #1 above). Royalties or licenses | 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) |
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| 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 None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Executive Director - Blo Executive Director - Sinon | ack world in oncolor |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | | to the following statement to indicate your agreemer | |

| Date: | 6/26/2022 | |
|-------------------------------|---|--|
| Your Name: | Ulf Karlsson] | |
| Manuscript Title: | [Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| 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.

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| 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 | |
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| 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 | |
| Plea | 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. | | |

| Date: | 6/24/2022 | |
|-------------------------------|--|--|
| Your Name: | Alexander Chi | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| Manuscript Number (if known): | Click or tap here to enter text. | |

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| 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 | |

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| 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 | |
| Plea | 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. | | |

March 26, 2022

Date:

| Your Name: | | David B. Lehrman | |
|------------|--|---|-----|
| Man | uscript Title: Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | | |
| Man | uscript Number (if k | own): TCR-22-821 | |
| cont | ent of your manuscr | ncy, we ask you to disclose all relationships/activities/interests listed below that are related to the "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate about whether to list a relationship/activity/interest, it is preferable that you do so. | te |
| epid | lemiology of hyperte | activities/interests should be defined broadly. For example, if your manuscript pertains to the ion, you should declare all relationships with manufacturers of antihypertensive medication, even if tioned in the manuscript. | |
| | em #1 below, report ne for disclosure is th | support for the work reported in this manuscript without time limit. For all other items, the time past 36 months. | |
| | | lame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution) | ere |
| | | 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. | None Click the tab key to add additional rows. |] |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| | | | |
| 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 | | |

| | | 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) |
|----|---|--|---|
| | 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 None | |

| Date: | 3/24/2022 | |
|-------------------------------|---|--|
| Your Name: | Omer Hashim Mohamed | |
| Manuscript Title: | [Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| 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.

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

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | □ None | |
| Plea | 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. | | |

| Date: | 3/25/2022 | |
|--------------------------------------|---|--|
| Your Name: Mohammad Mohammadianpanah | | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric | |
| | Radiotherapy Group | |
| Manuscript Number (if known): | TCR-22-821 | |

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| | | | e all entities with whom you have this ionship 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 | |
| 1 | All support for the present manuscript (e.g., funding, provision | | None | |
| | of study materials, medical | | | Click the tab key to add additional rows. |
| | writing, article processing charges, etc.) No time limit for this item. | | | |
| | | | Time frame: past 36 month | ns . |
| 2 | Grants or contracts from any entity (if not | \boxtimes | None | |
| | indicated in item #1 above). | | | |
| 3 | Royalties or licenses | \boxtimes | None | |
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| | | | Specifications/Comments (e.g., if payments were |
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| | | relationship or indicate none (add rows as needed) | made to you or to your institution) |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 ■ | |

| | | Nam | e all entities with whom you have this | Specifications/Comments (e.g., if payments were |
|-------------|--|-------------|---|---|
| | | relat | ionship or indicate none (add rows as needed) | made to you or to your institution) |
| 11 | Stock or stock options | | None | |
| | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, | \boxtimes | None | |
| | gifts or other services | | | |
| 13 | Other financial or non-financial interests | \boxtimes | None | |
| | | | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | |
| \boxtimes | I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 3/25/2022 | |
|-------------------------------|--|--|
| Your Name: | Gokoulakrichenane LOGANADANE | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| Manuscript Number (if known): | TCR-22-821 | |

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.

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| | | all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 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 | |

| | | 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 | [⊠] None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | | |
| 13 | Other financial or non-financial interests | [⊠] None | | |
| Plea [⊠] | 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. | | | |

| Date: | 3/26/2022 | |
|-------------------------------|--|--|
| Your Name: | Natália MIGLIORE | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced | |
| | non-small cell lung cancer feasible? A narrative review by the International Geriatric | |
| | Radiotherapy Group | |
| Manuscript Number (if known): | TCR-22-821 | |

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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.

| | | | e all entities with whom you have this | Specifications/Comments (e.g., if payments were |
|---|---------------------------|-------------|--|---|
| | | relati | onship or indicate none (add rows as needed) | made to you or to your institution) |
| | | | Time frame: Since the initial planning | of the work |
| 1 | All support for the | | | |
| | present | \boxtimes | 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 month | ıs |
| 2 | Grants or | | | |
| | contracts from | \boxtimes | None | |
| | any entity (if not | | | |
| | indicated in item | | | |
| | #1 above). | | | |
| | | | | |
| 3 | Royalties or | | | |
| | licenses | \boxtimes | None | |
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| | | | Specifications/Comments (e.g., if payments were |
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| | | relationship or indicate none (add rows as needed) | made to you or to your institution) |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None 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 ■ | |

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| | | Nam | e all entities with whom you have this | Specifications/Comments (e.g., if payments were | |
| | | relat | ionship or indicate none (add rows as needed) | made to you or to your institution) | |
| 11 | Stock or stock options | \boxtimes | None | | |
| | | | | | |
| 12 | Receipt of equipment, materials, drugs, | \boxtimes | None | | |
| | medical writing, gifts or other services | | | | |
| 13 | Other financial or non-financial interests | | None | | |
| | | | | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | | |
| \boxtimes | I certify that I have | answe | ered every question and have not altered the wo | ording of any of the questions on this form. | |

| Date: | 3/26/2022 | |
|-------------------------------|---|--|
| Your Name: | Maria VASILEIOU | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric | |
| | Radiotherapy Group | |
| Manuscript Number (if known): | TCR-22-821 | |

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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 | g 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 None | |
| | tilis itelli. | Time frame: past 36 mont | hs |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None ■ | |

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| | | Name all entities with whom you have this | Specifications/Comments (e.g., if payments were |
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| | Canaultina faca | relationship or indicate none (add rows as needed) | made to you or to your institution) |
| 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 Non | |
| 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 | |

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| | | me all entities with whom you have thi | Specifications/Comments (e.g., if payments were |
|---|-------------------|---|---|
| | | ationship or indicate none (add rows as | needed) made to you or to your institution) |
| 11 | Stock or stock | | |
| | options | None | |
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| | | | |
| | | | |
| 12 | Receipt of | | |
| | equipment, | None | |
| | materials, drugs, | | |
| | medical writing, | | |
| | gifts or other | | |
| | services | | |
| 13 | Other financial | | |
| | or non-financial | None | |
| | interests | | |
| | | | |
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| 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.

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| Date: | 3/24/2022 | |
|-------------------------------|--|--|
| Your Name: | Nam Phong Nguyenl | |
| Manuscript Title: | Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| 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.

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| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | ns . |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None 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 | |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | □ None | |
| Plea | 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. | | |

| Date: | 3/24/2022 | |
|-------------------------------|---|--|
| Your Name: | Huan Giap | |
| Manuscript Title: | [Is immunotherapy at reduced dose and radiotherapy for older patients with locally advanced non-small cell lung cancer feasible? A narrative review by the International Geriatric Radiotherapy Group | |
| 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.

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| | | | s with whom you have this ndicate none (add rows as | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|------|--|----------|---|
| | | | Time frame: Since the initial | planning | of the work |
| | 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 | | | Click the tab key to add additional rows. |
| | | | Time frame: past | 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | | | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None 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 | |

| | | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | □ None | |
| Plea | 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. | | |