

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Michael	2. Surname (Last Name) May	3. Date 10-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon K. Cheng
5. Manuscript Title Outcomes for localized treatment of large cell neuroendocrine carcinoma of the lung in the United States		
6. Manuscript Identifying Number (if you know it) TLCR-20-374		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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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Dr. May has nothing to disclose.

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)
Connor

2. Surname (Last Name)
Kinslow

3. Date
20-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr. Simon Cheng

5. Manuscript Title
Outcomes for localized treatment of large cell neuroendocrine carcinoma of the lung in the United States

6. Manuscript Identifying Number (if you know it)
TLCR-20-374

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Dr. Kinslow has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Adams	3. Date 08-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon K. Cheng
5. Manuscript Title Outcomes for localized treatment of large cell neuroendocrine carcinoma of the lung in the United States		
6. Manuscript Identifying Number (if you know it) TLCR-20-374		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Adams has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anjali

2. Surname (Last Name)

Saqi

3. Date

17-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Simon K. Cheng

5. Manuscript Title

Outcomes for localized treatment of large cell neuroendocrine carcinoma of the lung in the United States

6. Manuscript Identifying Number (if you know it)

TLCR-20-374

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Yes

No

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Yes

No

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Yes

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Dr. Saqi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Catherine 2. Surname (Last Name) Shu 3. Date 20-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Simon Cheng

5. Manuscript Title
Outcomes for localized treatment of large cell neuroendocrine carcinoma of the lung in the United States

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
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Shu reports personal fees from Genentech, personal fees from AstraZeneca, personal fees from Boehringer Ingelheim, outside the submitted work; .

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Other: Anything not covered under the previous three boxes

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

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Section 1. Identifying Information

1. Given Name (First Name)

kunal

2. Surname (Last Name)

chaudhary

3. Date

20-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Simon Cheng

5. Manuscript Title

Outcomes for localized treatment of large cell neuroendocrine carcinoma of the lung in the United States

6. Manuscript Identifying Number (if you know it)

TLCR-20-374

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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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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Dr. chaudhary has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tony 2. Surname (Last Name) Wang 3. Date 14-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Simon K. Cheng

5. Manuscript Title
Outcomes for localized treatment of large cell neuroendocrine carcinoma of the lung in the United States

6. Manuscript Identifying Number (if you know it)
TLCR-20-374

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Are there any relevant conflicts of interest? Yes No

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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
AbbVie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant and travel expenses
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board and travel expenses
Cancer Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Doximity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and stock options
Elekta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant and Honoraria
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant
Novocure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory Board and travel expenses
RTOG Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Rutgers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium
University of Iowa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium
Wolters Kluwer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

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. Wang reports personal fees and non-financial support from AbbVie, personal fees from AstraZeneca, personal fees from Cancer Panels, personal fees from Doximity, personal fees and non-financial support from Elekta, personal fees and non-financial support from Merck, personal fees and non-financial support from Novocure, personal fees and non-financial support from RTOG Foundation, personal fees from Rutgers, personal fees from University of Iowa, personal fees from Wolters Kluwer, 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)

Simon

2. Surname (Last Name)

Cheng

3. Date

20-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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