Date:10/12/2023		 	 	
Your Name: <u>Eyal Tsur</u>		 	 	

## Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

Manuscript number (if known): \_\_TLCR-23-802\_

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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		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	<u>X</u> 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 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	

Consulting fees	<u>X</u> None	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<u>X</u> None	
	V. None	
testimony		
Support for attending meetings and/or travel	<u>X</u> None	
Patents planned, issued or	<u>X</u> None	
pending		
Participation on a Data	<u>X</u> None	
•	X None	
in other board, society,		
-		
Stock or stock options	<u>X</u> None	
Receipt of equipment,	X None	
materials, drugs, medical		
writing, gifts or other services		
Other financial or non-	<u>X</u> None	
financial interests		
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational eventsPayment for expert testimonySupport for attending meetings and/or travelPatents planned, issued or pendingParticipation on a Data Safety Monitoring Board or Advisory BoardLeadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaidStock or stock optionsReceipt of equipment, 	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational eventsX_NonePayment for expert testimonyX_NoneISupport for attending meetings and/or travelX_NoneIPatents planned, issued or pending

No conflict of interests.

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

Date: <u>10/12/2023</u>

Your Name: \_\_\_Philip Blumenfeld\_\_

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<u>X</u> None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	<u>X</u> None
7	Support for attending meetings and/or travel	<u>X</u> None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None
11	Stock or stock options	<u>X</u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None
13	Other financial or non- financial interests	<u>X</u> None

No conflict of interests.

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

Date: \_\_\_\_10/12/2023\_

Your Name: <u>Yakir Rottenberg</u>

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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3	Royalties or licenses	<u>X</u> None	

Consulting fees	<u>X</u> None	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<u>X</u> None	
	V. None	
testimony		
Support for attending meetings and/or travel	<u>X</u> None	
Patents planned, issued or	<u>X</u> None	
pending		
Participation on a Data	<u>X</u> None	
•	X None	
in other board, society,		
-		
Stock or stock options	<u>X</u> None	
Receipt of equipment,	X None	
materials, drugs, medical		
writing, gifts or other services		
Other financial or non-	<u>X</u> None	
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No conflict of interests.

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

Date: <u>10/12/2023</u>

Your Name: <u>Hovav Nechushtan</u>

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	<u>X</u> None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None
13	Other financial or non- financial interests	<u>X</u> None

No conflict of interests.

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

Date: <u>10/12/2023</u>

Your Name: \_\_Johnathan Arnon\_

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<u>X</u> None
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<u>X</u> None
	manuscript writing or educational events	
6	Payment for expert testimony	<u>X</u> None
7	Support for attending meetings and/or travel	<u>X</u> None
8	Patents planned, issued or pending	<u>X</u> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None
11	Stock or stock options	<u>X</u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	<u>X</u> None

No conflict of interests.

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

Date:	10/12/2023	 	 
Your Nan	ne: <u>Ori Wald</u>		 

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<u>X</u> None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	<u>X</u> None
7	Support for attending meetings and/or travel	<u>X</u> None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None
11	Stock or stock options	<u>X</u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None
13	Other financial or non- financial interests	<u>X</u> None

No conflict of interests.

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

Date:10/	12/2023
Your Name:	Uzi Izhar

## Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<u>X</u> None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	<u>X</u> None
7	Support for attending meetings and/or travel	<u>X</u> None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None
11	Stock or stock options	<u>X</u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None
13	Other financial or non- financial interests	<u>X</u> None

No conflict of interests.

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

Date: \_\_\_\_10/12/2023\_

Your Name: <u>Raphael Pfeffer</u>

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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3	Royalties or licenses	<u>X</u> None	

Consulting fees	<u>X</u> None	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<u>X</u> None	
	V. None	
testimony		
Support for attending meetings and/or travel	<u>X</u> None	
Patents planned, issued or	<u>X</u> None	
pending		
Participation on a Data	<u>X</u> None	
•	X None	
in other board, society,		
-		
Stock or stock options	<u>X</u> None	
Receipt of equipment,	X None	
materials, drugs, medical		
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Other financial or non-	<u>X</u> None	
financial interests		
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No conflict of interests.

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

Date: <u>10/12/2023</u>

Your Name: <u>Aron Krakow</u>

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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Consulting fees	<u>X</u> None	
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	V. None	
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Support for attending meetings and/or travel	<u>X</u> None	
Patents planned, issued or	<u>X</u> None	
pending		
Participation on a Data	<u>X</u> None	
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Stock or stock options	<u>X</u> None	
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No conflict of interests.

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

Date: \_\_\_\_10/12/2023\_

Your Name: \_\_Marc Wygoda\_

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	<u>X</u> None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	<u>X</u> None
7	Support for attending meetings and/or travel	<u>X</u> None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None
11	Stock or stock options	<u>X</u> None
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13	Other financial or non- financial interests	<u>X</u> None

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

Date: <u>10/12/2023</u>

Your Name: \_\_\_\_Aron Popovtzer

### Manuscript Title: <u>Extracranial Stereotactic Body Radiation Therapy for Induced Oligopersistent and</u> <u>Oligoprogressive Non-Small Cell Lung Cancer on novel systemic therapies</u>

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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)
		Time frame: Since the initial	planning of the work
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3	Royalties or licenses	<u>X</u> None				

4	Consulting fees	<u>X</u> None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
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