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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**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)  
Chirag

2. Surname (Last Name)  
Modi

3. Date  
13-July-2020

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Combining Radiation Therapy and Immunotherapy for Lung Cancers

6. Manuscript Identifying Number (if you know it)

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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Modi has nothing to disclose.

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<thead>
<tr>
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<th>Lauren</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Isserow</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-July-2020</td>
</tr>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jyoti
2. Surname (Last Name)  Malhotra
3. Date  17-July-2020
4. Are you the corresponding author?  
   ✔ Yes  
   No
5. Manuscript Title

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.)?

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   ✔ Yes  
   No

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   ✔ Yes  
   No

If yes, please fill out the appropriate information below.

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<thead>
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<th>Name of Entity</th>
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<th>Comments</th>
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<td>AstraZeneca</td>
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<td></td>
<td></td>
<td>Advisory board member</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

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

Malhotra
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Dr. Malhotra reports personal fees from AstraZeneca, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Malini
2. Surname (Last Name) Patel
3. Date 17-July-2020
4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author’s Name
Salma Jabbour, MD
5. Manuscript Title
Combining Radiation Therapy and Immunotherapy for Lung Cancers
6. Manuscript Identifying Number (if you know it)

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Dr. Patel reports personal fees from Bayer Corporation, outside the submitted work; .

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Langenfeld
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Langenfeld

3. Date  
   22-July-2020

4. Are you the corresponding author?  
   No

   Corresponding Author's Name  
   Salma Jabbour

5. Manuscript Title  
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Joseph</td>
<td>Aisner</td>
<td>22-July-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - ☑ No  

5. Manuscript Title  
   Combining Radiation Therapy and Immunotherapy for Lung Cancers

6. Manuscript Identifying Number (if you know it)

## 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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   - ☑ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Aisner has nothing to disclose.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Doaa

2. Surname (Last Name)  
Almeldin

3. Date  
15-July-2020

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Combining Radiation Therapy and Immunotherapy for Lung Cancers.

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Almeldin has nothing to disclose.

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Jabbour
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Salma

2. Surname (Last Name)  
   Jabbour

3. Date  
   15-July-2020

4. Are you the corresponding author?  
   ✔ Yes  □ No

5. Manuscript Title  
   Radiation therapy + Immunotherapy

6. Manuscript Identifying Number (if you know it)

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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
<td>✔</td>
<td>□</td>
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Dr. Jabbour reports grants, personal fees and non-financial support from Merck, outside the submitted work.

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