ICMJE DISCLOSURE FORM

Date:7/25/2021
Your Name:Yun R. Li
Manuscript Title: Pre-operative partial breast irradiation: revolutionizing radiation treatment for women with early
stage breast cancer.
Manuscript number (if known):
• • • •

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

		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	
1	All support for the present manuscript (e.g., funding,	None	NIH F32 Fellowship award
	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	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	x_None
6	testimony	xNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	x_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None
11	Stock or stock options	xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	xNone

Please summarize the above conflict of interest in the following box:

Dr. Li is supported by the NIH F32 Fellowship award

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

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:_7/30/2021
Your Name: Parul N. Barry, MD
Manuscript Title: Pre-operative partial breast irradiation: revolutionizing radiation treatment for women with
early stage breast cancer.

Manuscript number (if known):_____

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 initia	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.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	ACRO new practitioner grant evaluating barriers to promotion for women in radiation oncology
3	Royalties or licenses	X None	
4	Consulting fees	None	El-Sevier Breast Pathway Chair and El-Sevier Pathways consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Osler board review course on Breast Cancer; Multiple lectures given or moderated for breast cancer with SANTRO, ACRO, RUSH, ROPH, Franciscan Health in Munster, IN, Chicago Radiological Society, American Brachytherapy society
6	Payment for expert testimony	X None	

7	Support for attending meetings and/or travel	None	Scientific Program Co-Chair for ACRO; ASTRO faculty
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	Participate in UPMC Radiation Oncology Data Safety Committee
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	Board Member of ACRO Guideline writing committee member for Breast Reconstruction After Mastectomy
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	None	Moderator of multiple ACRO breast sessions; NRG concept presentation on preoperative radiation for breast cancer; Guest editor of Annals of Breast Surgery Radiation Focused issue; ABR volunteer; NRG Oncology breast committee and rare tumor member; ASCO Hereditary Breast Cancer Guideline Consensus Panel Member

Please summarize the above conflict of interest in the following box:

My relationships outlined above reflect the work I have done in my capacity as an academic physician. I have detailed my relationships in the comments above.

I have received the ACRO new practitioner grant evaluating barriers to promotion for women in radiation oncology I serve as the El-Sevier Breast Pathway Chair and El-Sevier Pathways consultant

I have provided teaching and received honorariums for the following: Osler board review course on Breast Cancer; Multiple lectures given or moderated for breast cancer with SANTRO, ACRO, RUSH, ROPH, Franciscan Health in Munster, IN, Chicago Radiological Society, American Brachytherapy society

I have received travel support for serving as the Scientific Program Co-Chair for ACRO and as ASTRO faculty

I Participate in UPMC Radiation Oncology Data Safety Committee

I am a board member of ACRO and I serve as a Guideline writing committee member for Breast Reconstruction After Mastectomy

Other financial and non-financial interests include:

I have served as moderator of multiple ACRO breast sessions, presented NRG breast concepts, served as Guest editor of Annals of Breast Surgery Radiation Focused issue, serve as ABR volunteer, serve on NRG Oncology breast committee and breast rare tumor committee, served as ASCO Hereditary Breast Cancer Guideline Consensus Panel Member

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.