

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Fernandez

3. Date
17-March-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Successful Stereotactic Radiotherapy of Meningiomas in a Patient with Cowden Syndrome: A Case Report

6. Manuscript Identifying Number (if you know it)
CCO-20-76B

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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Section 6. Disclosure Statement

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Dr. Fernandez 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) Corey	2. Surname (Last Name) Savard	3. Date 17-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christian Fernandez
5. Manuscript Title Successful Stereotactic Radiotherapy of Meningiomas in a Patient with Cowden Syndrome: A Case Report		
6. Manuscript Identifying Number (if you know it) CCO-20-76B		

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. Savard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Christopher

2. Surname (Last Name)

Farrell

3. Date

17-March-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Christian Fernandez

5. Manuscript Title

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1. Given Name (First Name) Wenyin	2. Surname (Last Name) Shi	3. Date 17-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christian Fernandez
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Associate Editor-in-Chief of Chinese Clinical Oncology

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Dr. Shi reports and Associate Editor-in-Chief of Chinese Clinical Oncology.

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