

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ayesha	2. Surname (Last Name) Ali	3. Date 23-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Target treatment with stereotactic radiation for Recurrent Gliomas		
6. Manuscript Identifying Number (if you know it) CCO-2020-MBT-02		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Victor	2. Surname (Last Name) Chen	3. Date 23-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Target treatment with stereotactic radiation for Recurrent Gliomas		
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Section 1. Identifying Information

1. Given Name (First Name)
Chaire

2. Surname (Last Name)
Zurlo

3. Date
23-March-2020

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

5. Manuscript Title
Target treatment with stereotactic radiation for Recurrent Gliomas

6. Manuscript Identifying Number (if you know it)
CCO-2020-MBT-02

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Dr. Zurlo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Taylor

3. Date
23-March-2020

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

5. Manuscript Title
Target treatment with stereotactic radiation for Recurrent Gliomas

6. Manuscript Identifying Number (if you know it)
CCO-2020-MBT-02

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Section 1. Identifying Information

1. Given Name (First Name)
Christian

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Fernandez

3. Date
23-March-2020

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Dr. Fernandez has nothing to disclose.

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Wenyin

2. Surname (Last Name)
Shi

3. Date
23-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Target treatment with stereotactic radiation for Recurrent Gliomas

6. Manuscript Identifying Number (if you know it)
CCO-2020-MBT-02

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novocure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brainlab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regeneron	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Shi reports grants and personal fees from Novocure, personal fees from Brainlab, grants from Regeneron, personal fees from Varian, outside the submitted work; .

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