

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Han

3. Date
08-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Charles B. Simone, II

5. Manuscript Title
Towards Answering the Optimal Palliative Fractionation Conundrum: Single- versus Multi-fraction Radiation Therapy for Spinal Cord Compression

6. Manuscript Identifying Number (if you know it)
APM-20-990

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Dr. Han has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Press

3. Date
08-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Charles B. Simone, II

5. Manuscript Title
Towards Answering the Optimal Palliative Fractionation Conundrum: Single- versus Multi-fraction Radiation Therapy for Spinal Cord Compression

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Dr. Press has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Shaakir

2. Surname (Last Name)
Hasan

3. Date
08-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Charles B. Simone, II

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Jehee Isabelle	2. Surname (Last Name) Choi	3. Date 08-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles B. Simone, II
5. Manuscript Title Towards Answering the Optimal Palliative Fractionation Conundrum: Single- versus Multi-fraction Radiation Therapy for Spinal Cord Compression		
6. Manuscript Identifying Number (if you know it) APM-20-990		

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Charles

2. Surname (Last Name)
Simone

3. Date
08-May-2020

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5. Manuscript Title
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