

## 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)  
Timothy

2. Surname (Last Name)  
Smile

3. Date  
14-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Treatment Paradigms for Oligometastatic Pediatric Cancers: A Review with a Focus on Radiotherapy Approaches

6. Manuscript Identifying Number (if you know it)  
APM-2019-Oligometastasis-05(APM-20-1023)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Smile 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)  
Shireen

2. Surname (Last Name)  
Parsai

3. Date  
18-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Timothy Smile

5. Manuscript Title

Treatment Paradigms for Oligometastatic Pediatric Cancers: A Review with a Focus on Radiotherapy Approaches

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Dr. Parsai has nothing to disclose.

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1. Given Name (First Name) Travis	2. Surname (Last Name) Pflederer	3. Date 18-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Timothy Smile
5. Manuscript Title Treatment Paradigms for Oligometastatic Pediatric Cancers: A Review with a Focus on Radiotherapy Approaches		
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1. Given Name (First Name)  
Erin

2. Surname (Last Name)  
Murphy

3. Date  
18-July-2020

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Yes  No

Corresponding Author's Name  
Timothy Smile

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