

## 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)

Jai Prakash

2. Surname (Last Name)

Agarwal

3. Date

26-September-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Radiotherapy of Brain metastasis from lung cancer in limited resource settings

6. Manuscript Identifying Number (if you know it)

JTD-2019-RBMLC-02

### 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. Agarwal has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anil

2. Surname (Last Name)

Tibdewal

3. Date

26-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jai Prakash Agarwal

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

JTD-2019-RBMLC-02

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### Section 1. Identifying Information

1. Given Name (First Name) Sulagna	2. Surname (Last Name) Mohanty	3. Date 26-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaiprakash Agarwal
5. Manuscript Title Radiotherapy of Brain metastasis from lung cancer in limited resource settings		
6. Manuscript Identifying Number (if you know it) JTD-2019-RBMLC-02		

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1. Given Name (First Name) Naveen	2. Surname (Last Name) Mummudi	3. Date 26-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jai Prakash Agarwal
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