

ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Jennifer Matsui

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 10/14/2022

Your Name: Haley Perlow

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

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Date: 10/14/2022

Your Name: Benjin Facer

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

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		<input type="text"/>	<input type="text"/>
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Date: 10/14/2022

Your Name: Aliah McCalla

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 10/14/2022

Your Name: Livia Marrazzo

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Beatrice Detti

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Marta Scorsetti

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.](#)

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		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Elena Clerici

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Silvia Scoccianti

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Pierina Navarria

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Daniel Trifiletti

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Vinai Gondi

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Joseph Bovi

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Jiayi Huang

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Paul Brown

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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ICMJE DISCLOSURE FORM

Date: 10/14/2022

Your Name: Joshua Palmer

Manuscript Title: Radiotherapy for Elderly Patients with Glioblastoma: An Assessment of Hypofractionation and Modern Treatment Techniques

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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