Date:	7/29/2023
Your Name:	Muneeb Niazi]
Manuscript Title:	Efficacy of Scalp-Sparing VMAT Approach in Reducing Scalp Radiation Dose for Patients with Glioblastoma: A Cross-Sectional Study
Manuscript Number (if known):	CCO-23-15

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	/ments were
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □	
7	Support for attending meetings and/or travel	☑ None □ □ □ □ □ □ □ □	
8	Patents planned, issued or pending	☑ None □ □ □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ×	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.			

Date:	8/4/2023
Your Name:	Olga Russial]
Manuscript Title:	Efficacy of Scalp-Sparing VMAT Approach in Reducing Scalp Radiation Dose for Patients with Glioblastoma: A Cross-Sectional Study
Manuscript Number (if known):	CCO-23-15

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3	Royalties or licenses	None	

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4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □	
7	Support for attending meetings and/or travel	☑ None □ □ □ □ □ □ □ □	
8	Patents planned, issued or pending	☑ None □ □ □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ×	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.			

Date:	8/2/2023
Your Name:	Louis Cappelli]
Manuscript Title:	Efficacy of Scalp-Sparing VMAT Approach in Reducing Scalp Radiation Dose for Patients with Glioblastoma: A Cross-Sectional Study
Manuscript Number (if known):	CCO-23-15

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3	Royalties or licenses	None	

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4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □	
7	Support for attending meetings and/or travel	☑ None □ □ □ □ □ □ □ □	
8	Patents planned, issued or pending	☑ None □ □ □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ×	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.			

Date:	08/02/2023	
Your Name:	Ryan Miller	
Manuscript Title:	Efficacy of Scalp-Sparing VMAT Approach in Reducing Scalp Radiation Dose for Patients with Glioblastoma: A Cross-Sectional Study	
Manuscript Number (if known):	CCO-23-15	

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		Time frame: Since the initial plannin	g of the work
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		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
Stock or stock options	None			
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
Other financial or non-financial interests	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 wo	ording of any of the questions on this form.		
	fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests e place an "X" next	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests		

Date:	8/1/2023
Your Name:	Yingxuan Chen
Manuscript Title:	Efficacy of Scalp-Sparing VMAT Approach in Reducing Scalp Radiation Dose for Patients with Glioblastoma: A Cross-Sectional Study
Manuscript Number (if known):	CCO-23-15

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	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

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4	Consulting fees	☑ None □ □ □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	☑ None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/2/2023
Your Name:	Yelena Vakhnenko
Manuscript Title:	Efficacy of Scalp-Sparing VMAT Approach in Reducing Scalp Radiation Dose for Patients with Glioblastoma: A Cross-Sectional Study
Manuscript Number (if known):	CCO-23-15

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	☑ None □ □ □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	☑ None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/2/2023
Your Name:	Haisong Liu
Manuscript Title:	Efficacy of Scalp-Sparing VMAT Approach in Reducing Scalp Radiation Dose for Patients with Glioblastoma: A Cross-Sectional Study
Manuscript Number (if known):	CCO-23-15

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Brai	None nLAB research funding	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None BrainLAB Novalis circle educational webinar	
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	☑ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Please place an "X" next to the following statement to indicate your agreement:				

Date:	8/6/2023	
Your Name:	Wenyin Shi, MD,PhD.	
Manuscript Title:	Efficacy of Scalp-Sparing VMAT Approach in Reducing Scalp Radiation Dose for Patients with Glioblastoma: A Cross-Sectional Study	
Manuscript Number (if known):	CCO-23-15	

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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month None	Click the tab key to add additional rows.
i			
3	Royalties or licenses	None	

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4	Consulting fees	None Brainlab Novocure Zai lab Varian	Payment made to me Payment made to me Payment made to me Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Novocure	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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