Date: 11/11/2023

Your Name: Alex M. DesJarlais

Manuscript Title: Case Report: Durable Response of Gliomatosis Cerebri with Concurrent Tumor-Treating Fields

(TTFields) and Chemoradiotherapy Treatment

Manuscript number (if known):_ CCO-23-114-CL

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the 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 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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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		
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 summarize the above conflict of interest in the following box:			

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

Date: 11/11/2023 Your Name: Ryan Miller

Manuscript Title: Case Report: Durable Response of Gliomatosis Cerebri with Concurrent Tumor-Treating Fields

(TTFields) and Chemoradiotherapy Treatment

Manuscript number (if known): CCO-23-114-CL

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3	Royalties or licenses	None	
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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		
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 summarize the above conflict of interest in the following box:			

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

Date: 11/11/2023

Your Name: Ayesha S Ali

Manuscript Title: Case Report: Durable Response of Gliomatosis Cerebri with Concurrent Tumor-Treating Fields

(TTFields) and Chemoradiotherapy Treatment

Manuscript number (if known): CCO-23-114-CL

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1	All support for the present	None	planning of the work
1	manuscript (e.g., funding,	NOTIE	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	None	30 months
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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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		
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 summarize the above conflict of interest in the following box:			

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

Date: 11/11/2023

Your Name: Muneeb Z Niazi

Manuscript Title: Case Report: Durable Response of Gliomatosis Cerebri with Concurrent Tumor-Treating Fields

(TTFields) and Chemoradiotherapy Treatment

Manuscript number (if known): CCO-23-114-CL

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3	Royalties or licenses	None	
4	Consulting fees	None	

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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		
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 summarize the above conflict of interest in the following box:			

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

Date: 11/21/2023	
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Your Name: Louis Cappelli

Manuscript Title: <u>Case Report: Durable Response of Gliomatosis Cerebri with Concurrent Tumor-Treating Fields</u> (TTFields) and Chemoradiotherapy Treatment

Manuscript number (if known):_CCO-23-114

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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	NO COI		

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

Date: 11/11/2023 Your Name: Jon Glass

Manuscript Title: Case Report: Durable Response of Gliomatosis Cerebri with Concurrent Tumor-Treating Fields

(TTFields) and Chemoradiotherapy Treatment

Manuscript number (if known): CCO-23-114-CL

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3	Royalties or licenses	None	
4	Consulting fees	None	

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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	
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	se summarize the above co	nflict of interest in the foll	owing box:

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

Date: 11/11/2023

Your Name: Christopher J Farrell

Manuscript Title: Case Report: Durable Response of Gliomatosis Cerebri with Concurrent Tumor-Treating Fields

(TTFields) and Chemoradiotherapy Treatment

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	manuscript writing or		
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7	Support for attending	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	None	
13		None	
	financial interests		
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FIE	ise summanize the above to	innet of interest in the for	iowing box.
1			

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

Date: 11/11/2023 Your Name: Wenyin Shi

Manuscript Title: Case Report: Durable Response of Gliomatosis Cerebri with Concurrent Tumor-Treating Fields

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

		Brainlab	Consulting fee
		Varian	Consulting fee
		Zailab	Consulting fee
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Datants planned issued or	Nana	
٥	Patents planned, issued or pending	None	
	pending		
0	Posticionation on a Data	None	
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
40	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

Weny	Wenyin Shi received consulting fee from Novocure, Brainlab, Varian, and Zai lab.	

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

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