

ICMJE DISCLOSURE FORM

Date: 24TH November 2021

Your Name: Chen'En Ye

Manuscript Title: Risk-reduction strategies for late complications arising from brain metastases treated with radiotherapy

Manuscript number (if known): CCO-21-121

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 current manuscript only.

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.

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

4	Consulting fees	None	N.A
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	N.A
6	Payment for expert testimony	None	N.A
7	Support for attending meetings and/or travel	None	N.A
8	Patents planned, issued or pending	None	N.A
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	N.A
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	N.A
11	Stock or stock options	None	N.A
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	N.A
13	Other financial or non-financial interests	None	N.A

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

Chen'En Ye reports no conflict of interest

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.

ICMJE DISCLOSURE FORM

Date: 24th November 2021

Your Name: Pooja Handa

Manuscript Title: Risk-reduction strategies for late complications arising from brain metastases treated with radiotherapy

Manuscript number (if known): CCO-21-121

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Time frame: past 36 months			
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3	Royalties or licenses	None	N.A
4	Consulting fees	None	N.A

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	N.A
6	Payment for expert testimony	None	N.A
7	Support for attending meetings and/or travel	None	N.A
8	Patents planned, issued or pending	None	N.A
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	N.A
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	N.A
11	Stock or stock options	None	N.A
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	N.A
13	Other financial or non-financial interests	None	N.A

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

Dr. Pooja Handa reports no conflict of interest

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.

ICMJE DISCLOSURE FORM

Date: 24th November 2021
 Your Name: Arjun Saghal
 Manuscript Title: Risk-reduction strategies for late complications arising from brain metastases treated with radiotherapy:
 Manuscript number (if known): CCO-21-121

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Elekta/Elekta AB	Research grant
3	Royalties or licenses	None	
4	Consulting fees	Elekta/Elekta AB	Gamma Knife Icon advisor/consultant

		Abbvie	Advisor/consultant
		Merck	Advisor/consultant
		Roche	Advisor/consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Accuray Inc.	Past educational seminars
		Varian Medical Systems	Past medical seminars (CNS teaching faculty)
		BrainLAB	Past educational seminars, travel accommodations
		Elekta/Elekta AB	Past educational seminars
		Medtronic Kyphon	Past educational seminars
6	Payment for expert testimony	None	N.A
7	Support for attending meetings and/or travel	Varian Medical Systems	Travel accommodations/expenses
		BrainLAB	Travel accommodations/expenses
		Elekta/Elekta AB	Travel accomdations/expenses
8	Patents planned, issued or pending	None	N.A
9	Participation on a Data Safety Monitoring Board or Advisory Board	Varian Medical Systems	Medical advisory group
		BrainLAB	Medical advisory group
		VieCure	Medical Advisory board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	International Stereotactic Radiosurgery Society	Board memver
		Elekta/Elekta AB	Member of Elekta MR Linac Research consortium, Elekta spine, oligometastases and Linac based SRS consortia
11	Stock or stock options	None	N.A
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	N.A
13	Other financial or non-financial interests	None	N.A

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

Advisor/consultant with Abbvie, Merck, Roche, Varian (medical advisory group), Elekta (Gamma Knife Icon), BrainLAB, and VieCure (medical advisory board)
Board member: International Stereotactic radiosurgery (ISRS)
Past educational seminars with Elekta AB, Accuray Inc, Varian (CNS teaching faculty), BrainLAB, Medtronic Kyphon
Research grant with Elekta AB
Travel accommodation/expenses by Elekta, Varian, BrainLAB
Dr. Sahgal also belongs to Elekta MR Linac Research Consortium, Elekta Spine, Oligometastases and Linac based SRS consortia

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.

ICMJE DISCLOSURE FORM

Date: 24th November 2021

Your Name: Simon Lo

Manuscript Title: Risk-reduction strategies for late complications arising from brain metastases treated with radiotherapy

Manuscript number (if known): CCO-21-121

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3	Royalties or licenses	None	N.A
4	Consulting fees	None	N.A

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	N.A
6	Payment for expert testimony	None	N.A
7	Support for attending meetings and/or travel	None	N.A
8	Patents planned, issued or pending	None	N.A
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	N.A
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yes	Elekta AB: Member of ICON Gamma Knife Expert Group
11	Stock or stock options	None	N. A
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	N.A
13	Other financial or non-financial interests	None	N.A

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

Dr. Lo reports other from Elekta AB, outside the submitted work.

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.

ICMJE DISCLOSURE FORM

Date: 24th November 2021

Your Name: Balamurugan Vellayappan

Manuscript Title: Risk-reduction strategies for late complications arising from brain metastases treated with radiotherapy

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	None	N.A

4	Consulting fees	None	N.A
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	N.A
6	Payment for expert testimony	None	N.A
7	Support for attending meetings and/or travel	None	N.A
8	Patents planned, issued or pending	None	N.A
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	N.A
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	N.A
11	Stock or stock options	None	N.A
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	N.A
13	Other financial or non-financial interests	None	N.A

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

Dr. Balamurugan reports no conflict of interest

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.