Date: 4/19/23

Your Name: Andrew Barbour

Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative review

Manuscript number (if known): APM-22-1276

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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manuscript only.

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

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)
	Ti	me frame: Since the initia	I 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.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	

3	Royalties or licenses	_X_None
4	Consulting fees	_X_None
_		NAME OF THE PROPERTY OF THE PR
5	Payment or honoraria for	_X_None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
6	Payment for expert	X None
	testimony	_X_NONE
	,	
7	Support for attending	X None
	meetings and/or travel	
	<u> </u>	
8	Patents planned, issued	_X_None
	or pending	
9	Participation on a Data	_X_None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	_X_None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	_X_None
	Crock of Grook options	XNONE
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	_X_None
	financial interests	

Nothing to disclose			

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.

Date:4/11/23			
Your Name: Peter Zak		ain and leptomeningeal metastases: a narrativ	
Manuscript Title: Emerg	gent radiotherapy for br	ain and leptomeningeal metastases: a narrativ	e review
Manuscript number (if kno	wn): APM-22-1	276	
In the interest of transpare that are	ency, we ask you to disc	lose all relationships/activities/interests listed	l below
	our manuscript. "Relate	d" means any relation with for-profit or not-fo	r-profit
	ay be affected by the co	ntent of the manuscript. Disclosure represent	s a
to transparency and does relationship/activity/intere	_	a bias. If you are in doubt about whether to I ou do so.	ist a
The following questions ap current manuscript only.	oply to the author's rela	tionships/activities/interests as they relate to	the
The author's relationships	/activities/interests sho	uld be <u>defined broadly</u> . For example, if your m	anuscrip
to the epidemiology of hyp	_	leclare all relationships with manufacturers of on is not mentioned in the manuscript.	
In item #1 below, report all other items, the time frame for disclosu	•	eported in this manuscript without time limit.	For all
	N	0 " 1 0	7
	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	Ti	me frame: Since the initia	I 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.	X_None	
	1	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	

	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Dayment or honororis for	X None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
_	educational events	V. N.	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	X None	
10	role in other board,	XNone	
	society, committee or		
	advocacy group, paid or		
	unpaid	V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
13	Services Other financial or non-	XNone	
13	financial interests	^ _NUITE	

PZ has no conflict of interest to disclos	9.	

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.

	_Tresa McGranahan
•	Emergent radiotherapy for brain and leptomeningeal metastases: a narrative
eview	
/lanuscript numb	er (if known):APM-22-1276

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	

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	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	x_None	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony	XNone	
	testimony		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	X_None	
	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

None			

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.

Date:4/17/23
 Your Name:Vyshak Venur MD Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative
review
Manuscript number (if known): APM-22- 1276
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
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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript</u> <u>only</u> .
The author's relationships/activities/interests should be <u>defined</u> <u>broadly</u> . For example, if your manuscript pertains
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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,
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		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)
	Ti	me frame: Since the initia	I 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.	x_None	
		Time frame: past	36 months

3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	_x_None _x_None
4	Consulting fees	_xNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone
6	Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	x_None
8	Patents planned, issued or pending	_xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone
11	Stock or stock options	_xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	_xNone

Nothing to report			

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.				

Y	Date:4/11/23 Your Name: Balamurugan A Vellayappan Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative review					
M	anuscript number (if known): APM-22-1276					
th	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					
pa	rd rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment					
	transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.					
<u>CL</u>	The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only .					
pe to	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.					
ot	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					

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	Ti	me frame: Since the initia	l 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	XNone	
	item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	

	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
	lectures, presentations,	XNONE	
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
9	Safety Monitoring Board	XNone	
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
''	Olock of Stock options		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

I have no conflict of interest to disclose.	

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.

Date: 4/19/23

Your Name: Joshua Palmer

Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative review

Manuscript number (if known): APM-22-1276

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	

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

Lectures and payments for Varian Medical Systems & ICOTEC; Manuscript writing and
educational events for Novocure

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Date:4/12/23
Your Name:Lia Halasz MD Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative review Manuscript number (if known): APM-22- 1276
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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript</u> <u>only</u> .
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscrip pertains
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		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.	_x_None	
		Time frame: past	36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	None Biomimetix	Grant to institution for clinical trial research
3	Royalties or licenses	_x_None	
4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	_x_None	
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	_xNone	

LH reports research grant funding to her institution from Biomimetix

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.

Date:4/13/2023_				
Your Name:Jonathan Yang				
lanuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative				
review				
Manuscript number (if knov	vn): APM-22-1	276		
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parties whose interests ma commitment	y be affected by the co	ntent of the manuscript. Disclosure represents	a	
		a bias. If you are in doubt about whether to listou do so.	st a	
The following questions ap <u>current</u> <u>manuscript</u> <u>only</u> .	ply to the author's relat	tionships/activities/interests as they relate to th	ne	
pertains		uld be <u>defined broadly</u> . For example, if your ma	nuscript	
	•	leclare all relationships with manufacturers of on 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	Specifications/Comments		
	whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)		
	none (add rows as needed)			
Tir	me frame: Since the initial	l planning of the work		

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.

_X_None

	Time frame: past 36 months		
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert	_X_None	
	testimony		
7	Owner and favorable and lines	V Nieres	
7	Support for attending	_X_None	
	meetings and/or travel		
8	Patents planned, issued	_X_None	
	or pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_X_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
44	unpaid Stock or stock options	X None	
11	Stock or stock options	A_None	
12	Receipt of equipment,	_X_None	
12	materials, drugs, medical	X_INOTIG	
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
_	financial interests	_	

Ρle	ease summarize the abo	ve conflict of interest in	the following box:
_			

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.

	ate:4/17/2023		
Your Name:Kathryn (Molly) Blau			
	anuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative		
	view anuscript number (if known):APM-22-1276		
1716			
	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below at are		
	ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit ird		
•	rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment		
to	transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a lationship/activity/interest, it is preferable that you do so.		
cu	e following questions apply to the author's relationships/activities/interests as they relate to the rent anuscript only.		
pe to	te author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript rtains the epidemiology of hypertension, you should declare all relationships with manufacturers of tihypertensive medication, even if that medication is not mentioned in the manuscript.		
ot	item #1 below, report all support for the work reported in this manuscript without time limit. For all her items, e 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

Time frame: past 36 months

X_None

_X_None

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from

any entity (if not indicated

	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Daymant or hangraria for	V Nana	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	_X_None	
	manuscript writing or		
	educational events		
6	Payment for expert	_X_None	
	testimony		
7	Support for attending	_X_None	
	meetings and/or travel		
8	Patents planned, issued	_X_None	
	or pending		
9	Participation on a Data	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	NOTIE	
10	Leadership or fiduciary	_X_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
4.4	unpaid	V N	
11	Stock or stock options	_X_None	
12	Receipt of equipment,	_X_None	
12	materials, drugs, medical writing, gifts or other	_X_NOTE	
	services		
13	Other financial or non-	_X_None	
	financial interests		
יום	aaa aummariza tha aha	vo conflict of interest in	the following boy:
۲۱6	ease summarize the abo	ve commet of interest if	i the following box.

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.				

· ′our Name:	_Yolanda Tseng
	_ Emergent radiotherapy for brain and leptomeningeal metastases: a narrative
eview	
Manuscript numbe	er (if known):

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		Time frame: past	36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_ASTRO annual meeting	Faculty lecturer
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	PCG PTCOG ASTRO Palliative care scientific committee	Chair, lymphoma committee Co-Chair, lymphoma subcommittee Chair
	·	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

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

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 th questions on this form.				

Date:4/11/23			
- Your Name:Samuel Chao			
	rgent radiotherapy for br	rain and leptomeningeal metastases: a narrativ	/e review
 Manuscript number (if kn	own): APM-22-1	276	
n the interest of transpar hat are	rency, we ask you to disc	close all relationships/activities/interests listed	l below
elated to the content of hird	your manuscript. "Relate	d" means any relation with for-profit or not-fo	r-profit
oarties whose interests n commitment	nay be affected by the co	ontent of the manuscript. Disclosure represent	s a
. ,	s not necessarily indicate est, it is preferable that y	e a bias. If you are in doubt about whether to I	ist a
The following questions a current manuscript only.	apply to the author's rela	tionships/activities/interests as they relate to	the
Γhe author's relationship pertains	s/activities/interests sho	uld be <u>defined</u> <u>broadly</u> . For example, if your m	anuscrip
o the epidemiology of hy		declare all relationships with manufacturers of ion is not mentioned in the manuscript.	
other items,	all support for the work resure is the past 36 month	eported in this manuscript without time limit.	For all
	Name all entities with	Specifications/Comments (e.g. if payments were made to you or to your	

		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)
	Ti	me frame: Since the initia	l 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.	_X_None	
		Time frame: past	36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Varian Medical Systems and Blue Earth Diagnostics (both honoraria)	Honoraria
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	Blue Earth Diagnostics	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

Honoraria from Varian Medical Systems and Blue Earth Diagnostics	

D-t 4/11/00			
Date:4/11/23 Your Name: John Suh_			_
		ain and leptomeningeal metastases: a narrativ	e review
—— Manuscript number (if knov	wn): APM-22-1	276	
In the interest of transpare that are	ncy, we ask you to disc	lose all relationships/activities/interests listed	below
	our manuscript. "Relate	d" means any relation with for-profit or not-for	r-profit
parties whose interests ma commitment	ly be affected by the co	ntent of the manuscript. Disclosure represent	s a
to transparency and does r relationship/activity/interes		a bias. If you are in doubt about whether to li	st a
The following questions ap <u>current</u> <u>manuscript</u> <u>only</u> .	ply to the author's relat	tionships/activities/interests as they relate to t	he
pertains to the epidemiology of hyp	ertension, you should d	uld be <u>defined broadly</u> . For example, if your maleclare all relationships with manufacturers of	anuscript
antihypertensive medicatio	n, even if that medicati	on is not mentioned in the manuscript.	
In item #1 below, report all other items, the time frame for disclosu		eported in this manuscript without time limit. F	[∓] or all
	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
	Ti	me frame: Since the initia	I 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	

	in item #1 above).		
3	Royalties or licenses	X None	
3	l loyalties of ficerises	XINUITE	
1	Consulting food	V None	
4	Consulting fees	XNone	
_			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	Yes	NovoCure
	meetings and/or travel		
8	Patents planned, issued	X None	
0	or pending	XNONE	
	or pending		
9	Participation on a Data	Yes	NovoCure
9	Safety Monitoring Board	165	Novocure
10	or Advisory Board	V	De and of Tourstone for ADD
10	Leadership or fiduciary role in other board,	Yes	Board of Trustees for ABR
			Treasurer for IRRF
	society, committee or		
	advocacy group, paid or		
4.4	unpaid	V N-	
11	Stock or stock options	XNone	
4.5	5		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

JS served on scientific advisory board to NovoCure. He serves on Board of Trustees for ABR and is treasurer for IRRF.

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.

Date:4/11/23
Your Name: Matthew Foote
Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative review
Manuscript number (if known): APM-22-1276

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manuscript only.

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

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)
	Ti	me frame: Since the initia	I 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	Xyes	Research grants from Varian and Elekta

	in item #1 above).		
3	Royalties or licenses	X None	
	.,		
4	Consulting fees	Xyes	Consultancy fees for Varian
5	Payment or honoraria for	Xyes	Honoraria from Varian
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued	X None	
	or pending		
	,		
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	Xyes	Ex Officio Board Member ISRS
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
4.5	services		
13	Other financial or non-	XNone	
	financial interests		

MF has received research grants, consultancy fees and honoraria from Elekta AB and Varian

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.

Date:4/11/23 Your Name: Kristin Redmond	
Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative rev	iew
Manuscript number (if known): APM-22-1276	_
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below	W

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

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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

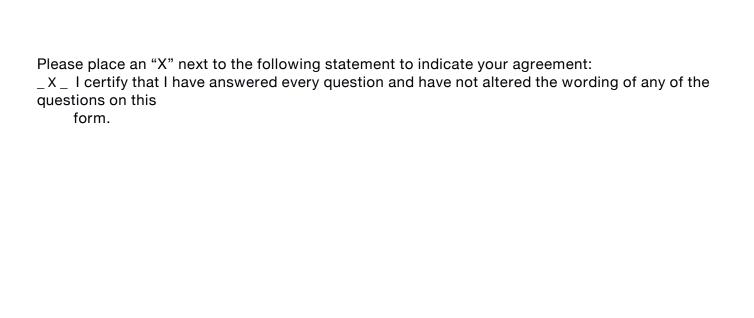
to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
	Ti	me frame: Since the initia	I 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from	Accuray	Research funding to institution

	any entity (if not indicated	Canon	Research funding to institution
	in item #1 above).	Elekta AB	Research funding to institution
3	Royalties or licenses	X None	nesearch funding to institution
3	hoyaities or licerises	XNone	
4	Conculting food	iotogo	Consulting food to mo
4	Consulting fees	ictoec	Consulting fees to me
5	Dayment or honoraria for	MSKCC	Doumont to mo
3	Payment or honoraria for lectures, presentations,	University of Maryland	Payment to me Payment to me
	speakers bureaus,	Offiversity of Maryland	rayment to me
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	icotec	NA
	meetings and/or travel		
	, and the second	brainlab	NA
		Accuracy	NA
		Elekta AB	NA
8	Patents planned, issued	Patent for	institution
	or pending	radiogenomics	
		collaboration with	
		Canon under	
		development	
	Double in etien en e Dete	DiaMinativ	Decima anto to mas
9	Participation on a Data	BioMimetix	Payments to me
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	V Nano	
10	role in other board,	XNone	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
	Citation discontagniona		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
		•	



Date: 17.04.2023

Your Name: Stephanie E. Combs

Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative review

Manuscript number (if known): APM-22-1276

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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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manuscript only.

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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)
	Ti	me frame: Since the initia	I 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.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Various consulting and speaker agreements with companies such	

3	Povaltice or licenses	as: Roche, AstraZeneca, Medac, Dr. Sennewald Medizintechnik, Elekta, Accuray, BMS, Brainlab, Daiichi Sankyo, Icotec AG, Carl Zeiss Meditec AG, HMG Systems Engineering	
3	Royalties or licenses	_X_None	
4	Consulting fees	Roche, AstraZeneca, Medac, Dr. Sennewald Medizintechnik, Elekta, Accuray, BMS, Brainlab, Daiichi Sankyo, Icotec AG, Carl Zeiss Meditec AG, HMG Systems Engineering	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche, AstraZeneca, Medac, Dr. Sennewald Medizintechnik, Elekta, Accuray, BMS, Brainlab, Daiichi Sankyo, Icotec AG, Carl Zeiss Meditec AG, HMG Systems Engineering	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	See list #5 above, most speaking appointments include reimbursement of travel costs – does not apply for virtual appointments	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	

Leadership or fiduciary	NOA board member	
role in other board,	DEGRO board member	
society, committee or		
advocacy group, paid or		
unpaid		
Stock or stock options	_X_None	
·		
Receipt of equipment,	_X_None	
materials, drugs, medical		
writing, gifts or other		
services		
Other financial or non-	_X_None	
financial interests		
	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-	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- DEGRO board member X_None X_None

Stephanie E. Combs reports grants, contracts, consulting fees, honoraria, travel and accommodation expenses from Roche, AstraZeneca, Medac, Dr. Sennewald Medizintechnik, Elekta, Accuray, BMS, Brainlab, Daiichi Sankyo, Icotec AG, Carl Zeiss Meditec AG, HMG Systems Engineering and NOA and DEGRO board membership.

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.

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from

any entity (if not indicated

X __None

X __None

Time frame: past 36 months

Date:4/11/23					
Your Name: Dr, Eric C	hang				
Manuscript Title: Emergent radiotherapy for brain and leptomeningeal metastases: a narrative eview					
	wn): APM-22-1	276			
	,				
In the interest of transpare that are	ncy, we ask you to disc	lose all relationships/activities/interests listed	below		
related to the content of yo third	our manuscript. "Relate	d" means any relation with for-profit or not-for	-profit		
parties whose interests ma commitment	ay be affected by the co	ntent of the manuscript. Disclosure represents	s a		
		a bias. If you are in doubt about whether to lisou do so.	st a		
The following questions ap <u>current</u> <u>manuscript</u> <u>only</u> .	oply to the author's relat	cionships/activities/interests as they relate to the	he		
The author's relationships pertains	activities/interests sho	uld be <u>defined broadly</u> . For example, if your ma	nuscript		
to the epidemiology of hyp	•	eclare all relationships with manufacturers of on is not mentioned in the manuscript.			
other items,		eported in this manuscript without time limit. F	or all		
the time frame for disclosu	ire is the past 36 month	S.			
	Name all entities with	Specifications/Comments			
	whom you have this	(e.g., if payments were made to you or to your			
	relationship or indicate	institution)			
	none (add rows as	moditation)			
	needed)				
11	me frame: Since the initia	I planning of the work			

	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Dayment or honororia for	V. None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers [;] bureaus,		
	manuscript writing or		
	educational events	V. N	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
	J		
8	Patents planned, issued,	XNone	
	or pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	X None	
10	role in other board,	XNone	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Dr. Chang has no conflict of interest to disclose.	

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.

Date:	4/11/2023
Your Name:	Arjun SAhgal
Manuscript Title:	Emergent radiotherapy for brain and leptomeningeal metastases: a narrative review
Manuscript Number (if known):	Click or tap here to enter text.

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		e all entities with whom you have this onship 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	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	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	ELEKTA AB VARIAN
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	FLEXTA
			ELEKTA ASTRA ZENECA
			SEAGEN INC.
			SENGEN IIVO
5 Payment or honoraria for		□ None	
	lectures,		ASTRA ZENECA
	presentations,		ELEKTA AB
	speakers bureaus,		VARAIAN
	manuscript		BRAINLAB SEACEN INC
	writing or		SEAGEN INC.
	educational events		
6	Payment for expert testimony	None Non	
7	Support for attending	□ None	
	meetings and/or		ELEKTA
	travel		VARIAN
			BRAINLAB
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	[⊠] None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board,	Vi	ce President of International Stereotactic
	society, committee or		Radiosurgery Society (ISRS)
	advocacy group, paid or unpaid		

		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)
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	Co-Chair of the AO Spine Knowledge Forum Tumour Member to the Elekta MR-Linac Research
Plea	•	to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	4/11/2023
Your Name:	Simon Lo
Manuscript Title:	:Emergent radiotherapy for brain and leptomeningeal metastases: a narrative review
Manuscript Number (if known):	: APM-22-1276

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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.

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		Name all entities with whom you have relationship or indicate none (add relationship)	
		Time frame: Since the in	itial planning of the work
1	All support for the present	x None	
	manuscript (e.g.,		
	funding, provision of		
	study materials,		Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: p	ast 36 months
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Elekta AB	Member of ICON Gamma Knife Expert Group and Research Support (Ended December 31, 2022) (outside submitted work)
		Kuni Foundation	Co-PI, Kuni Foundation Imagination Grant (outside submitted work)

Hutchinson Center as Lead Academic Participating Site (UG1)- UG1 CA 233328 Royalties or licenses			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)
Consulting fees Image: I				Member of the Leadership Team
Support for attending meetings and/or travel Support for bonoraria for lectures, presentations, speakers bureaus, manuscript writing or educational event None None None None None None None In	3		None	
honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational event 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending W None W None	4	Consulting fees	None	
expert testimony 7 Support for attending meetings and/or travel Of Patents planned, issued or pending 8 Patents planned, issued or pending I None	5	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	None None	
attending meetings and/or travel B Patents planned, issued or pending A Patents planned, issued or pending A Patents planned, issued or pending A Patents planned, issued or pending	6	expert	None	
planned, issued or pending	7	attending meetings	Japanese Society for Radiation Oncology	
9 Participation on 🗵 None	8	planned, issued	None	
	9	Participation on	☑ 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)
	a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None American College of Radiology Radiosurgery Society	Alternate councilor in behalf of American Radium Society and Chair of the CARROS Nominating Committee Member of Board of Directors and National Medical Director of the Distinction in Practice in Stereotactic Radiotherapy Accreditation Program
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	·	next to the following statement to indicate you e answered every question and have not altered	r agreement: the wording of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form