

ICMJE DISCLOSURE FORM

Date: August 10 2023
 Your Name: Emily Keit
 Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice
 Manuscript number (if known): APM-23-448

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

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6	Payment for expert testimony	___ None	
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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	

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

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ICMJE DISCLOSURE FORM

Date: August 10 2023
 Your Name: Shing Fung Lee
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Date: August 10 2023

Your Name: Melissa Woodward

Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice

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Date: August 10 2023

Your Name: Agata Rembielak

Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice

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 Your Name: Kevin Shiue
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Date: August 10 2023

Your Name: Eva Oldenburger

Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice

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Date: August 10 2023
 Your Name: Maya Bienz
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Date: August 10 2023
 Your Name: Dirk Rades
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Date: August 10 2023

Your Name: Marilena Theodorou

Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice

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 Your Name: Mervin Agyeman
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 Your Name: Joel Yarney
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ICMJE DISCLOSURE FORM

Date: August 10 2023

Your Name: John Michael Bryant

Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice

Manuscript number (if known): APM-23-448

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.

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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.	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	

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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13	Other financial or non-financial interests	___ None	

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

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.

ICMJE DISCLOSURE FORM

Date: August 10 2023
 Your Name: Hsiang-Hsuan Michael Yu
 Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice
 Manuscript number (if known): APM-23-448

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7	Support for attending meetings and/or travel	___ None	
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11	Stock or stock options	___ None	
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None.

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 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: 8/10/2023

Your Name: Charles B. Simone, II

Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice

Manuscript number (if known): APM-23-448

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	Editor-in-Chief, Annals of Palliative Medicine
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 summarize the above conflict of interest in the following box:

Dr. Simone serves as the Editor-in-Chief of Annals of Palliative Medicine

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: August 10 2023
 Your Name: Peter Hoskin
 Manuscript Title: Palliative Whole Brain Radiotherapy: An International State of Practice
 Manuscript number (if known): _____

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Date: August 10 2023
 Your Name: Peter AS Johnstone
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