

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Tsao 1



| Section 1. | | | | | |
|---|-----------------------|--------------------------------|-----------------------------|--------------------------|--------------|
| Section 1. | Identifying Inform | ation | | | |
| Given Name (First Name) May | | 2. Surname (Last Name) Tsao | | 3. Date 19-March-2020 | |
| 4. Are you the corresponding author? | | ✓ Yes | No | | |
| 5. Manuscript Title Multiple bone metastases: what the palliative care specialist should know about the potential, limitations and practical aspects of radiation therapy 6. Manuscript Identifying Number (if you know it) Manuscript ID: APM-2018-CCPEPC-02 | | | | | |
| | | | | | |
| Section 2. | The Work Under Co | onsiderati | on for Publication | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | | |
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| | | | | | |
| Section 4. | Intellectual Proper | ty Pater | nts & Copyrights | | |
| Do you have any | patents, whether plan | ned, pendin | g or issued, broadly releva | ant to the work? | ? ☐ Yes ✓ No |

Tsao 2



| Section 5. Relationships not covered above | | |
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| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? | | |
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| Section 6. Disclosure Statement | | |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. | | |
| Dr. May Tsao has no conflicts of interest to disclose. | | |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Tsao 3



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Barnes

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administrative support, etc.



| Section 1. | Identifying Inform | ation | | |
|---|--------------------------|----------------------------------|---|--|
| 1. Given Name (Fir EA | st Name) | 2. Surname (Last Name) Barnes | | 3. Date 19-March-2020 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nan Dr. May N. Tsao | ne |
| 5. Manuscript Title Multiple bone metastases: what the palliative care specialist should know about the potential, limitations and practical aspects of radiation therapy | | | | |
| 6. Manuscript Identifying Number (if you know it) APM-2018-CCPEPC-02 | | | | |
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| any aspect of the su statistical analysis, o | ubmitted work (including | but not limited to grants, da | a third party (government, con Ita monitoring board, study des | nmercial, private foundation, etc.) for sign, manuscript preparation, |
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| Do you have any | patents, whether planr | ned, pending or issued, br | oadly relevant to the work? | ☐ Yes 🗸 No |

Barnes 2



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Chow 1



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|---|---|--------------------------------|---|--|--|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Chow | 3. Date 19-March-2020 | | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name May Tsao | | | |
| 5. Manuscript Title Multiple bone metastases: what the palliative care specialist should know about the potential, limitations and practical aspects of radiation therapy | | | | | | |
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Chow 2



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| Dr. Chow has noth | ning to disclose. | | |

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Chow 3