

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Naoya

2. Surname (Last Name)
Ishibashi

3. Date
06-November-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title

The role of palliative radiation therapy in treating pleural or peritoneal disseminated tumors: 22 cases and a review of the literature

6. Manuscript Identifying Number (if you know it)

APM-19-495

Section 2. The Work Under Consideration for Publication

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Dr. Ishibashi has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Toshiya

2. Surname (Last Name)

Maebayashi

3. Date

06-November-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Naoya Ishibashi

5. Manuscript Title

The role of palliative radiation therapy in treating pleural or peritoneal disseminated tumors: 22 cases and a review of the literature

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Dr. Maebayashi has nothing to disclose.

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1. Given Name (First Name)

Masaharu

2. Surname (Last Name)

Hata

3. Date

06-November-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Naoya Ishibashi

5. Manuscript Title

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Masahiro

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Okada

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06-November-2019

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☐ Yes ☒ No

Corresponding Author's Name

Naoya Ishibashi

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