

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Melissa B

2. Surname (Last Name)

Korman

3. Date

23-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Janet Ellis

5. Manuscript Title

Dignity Therapy for Patients with Brain Tumours: Qualitative Reports from Patients, Caregivers and Practitioners

6. Manuscript Identifying Number (if you know it)

APM-2019-PCNO-02(APM-20-553)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Korman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Janet

2. Surname (Last Name)

Ellis

3. Date

23-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Dignity Therapy for Patients with Brain Tumours: Qualitative Reports from Patients, Caregivers and Practitioners

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jennifer	2. Surname (Last Name) Moore	3. Date 25-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Ellis
5. Manuscript Title Dignity Therapy for Patients with Brain Tumours: Qualitative Reports from Patients, Caregivers and Practitioners		
6. Manuscript Identifying Number (if you know it) APM-2019-PCNO-02(APM-20-553)		

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Dr. Moore has nothing to disclose.

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Denise

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Bilodeau

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23-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Janet Ellis

5. Manuscript Title

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Ms. Bilodeau has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sarah
 2. Surname (Last Name) Dulmage
 3. Date 25-June-2020

4. Are you the corresponding author? Yes No
 Corresponding Author's Name Janet Ellis

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
University of Toronto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment
George Brown College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment
Runnymede Healthcare Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment
Centretown Community Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment

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Ms. Dulmage reports other from University of Toronto, other from George Brown College, other from Runnymede Healthcare Centre, other from Centretown Community Health Centre, outside the submitted work; .

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Margaret	2. Surname (Last Name) Fitch	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Ellis
5. Manuscript Title Dignity Therapy for Brain Tumor Patients: Qualitative Reports from Patients, Caregivers and Practitioners		
6. Manuscript Identifying Number (if you know it) APM-2019-PCNO-02(APM-20-553)		

Section 2. The Work Under Consideration 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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Fitch has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Christina

2. Surname (Last Name)

Mueller

3. Date

25-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Janet Ellis

5. Manuscript Title

Dignity Therapy for Patients with Brain Tumours: Qualitative Reports from Patients, Caregivers and Practitioners

6. Manuscript Identifying Number (if you know it)

APM-2019-PCNO-02(APM-20-553)

Section 2. The Work Under Consideration 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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mueller has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Arjun 2. Surname (Last Name) Sahgal 3. Date 22-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Janet Ellis

5. Manuscript Title
Dignity Therapy for Patients with Brain Tumours: Qualitative Reports from Patients, Caregivers and Practitioners

6. Manuscript Identifying Number (if you know it)
APM-2019-PCNO-02(APM-20-553)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbvie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisor/consultant
Elekta/Elekta AB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gamma Knife Icon advisor/consultant, past educational seminars, research grant, travel accommodations/expenses, member of Elekta MR Linac Research Consortium, Elekta Spine, Oligometastases and Linac Based SRS Consortia
Accuray Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Past educational seminars

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Varian medical systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Advisory Group, past educational seminars (CNS Teaching Faculty), travel accommodations/expenses
BrainLAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Past educational seminars, travel accommodations/expenses, advisor/consultant
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisor/consultant
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisor/consultant
International Stereotactic Radiosurgery Society (ISRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Member
Medtronic Kyphon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Past education seminars
VieCure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Advisory Board

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Sahgal reports other from Abbvie, grants and other from Elekta/Elekta AB, other from Accuray Inc., other from Varian medical systems, other from BrainLAB, other from Merck, other from Roche, other from International Stereotactic Radiosurgery Society (ISRS), other from Medtronic Kyphon, other from VieCure, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Claire	2. Surname (Last Name) Moroney	3. Date 24-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janet Ellis
5. Manuscript Title Dignity Therapy for Patients with Brain Tumours: Qualitative Reports from Patients, Caregivers and Practitioners		
6. Manuscript Identifying Number (if you know it) APM-2019-PCNO-02(APM-20-553)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Moroney has nothing to disclose.

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