

ICMJE DISCLOSURE FORM

Date: 02-8-2021 _____

Your Name: Dianne Hartgerink _____

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

Manuscript number (if known): APM-21-1545-CL

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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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:

None.

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: July 27th 2021
 Your Name: A.M.E. Bruynzeel
 Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial
 Manuscript number (if known): APM-21-1545-CL

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ICMJE DISCLOSURE FORM

Date: August 2, 2021
 Your Name: Danielle Eekers
 Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial
 Manuscript number (if known): APM-21-1545-CL

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ICMJE DISCLOSURE FORM

Date: July 27th 2021
 Your Name: Ans Swinnen
 Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial
 Manuscript number (if known): APM-21-1545-CL

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ICMJE DISCLOSURE FORM

Date: 27 July 2021
 Your Name: Coen Hurkmans
 Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial
 Manuscript number (if known): APM-21-1545-CL

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ICMJE DISCLOSURE FORM

Date: August 2, 2021 _____

Your Name: Ruud Wiggenraad

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

Manuscript number (if known): APM-21-1545-CL

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ICMJE DISCLOSURE FORM

Date: August 2, 2021 _____

Your Name: A. Swaak-Kragten

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

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ICMJE DISCLOSURE FORM

Date: 01.08.2021_____

Your Name: Edith Dieleman

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

Manuscript number (if known): APM-21-1545-CL

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ICMJE DISCLOSURE FORM

Date: August 2, 2021

Your Name: Peter-Paul van der Toorn

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

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ICMJE DISCLOSURE FORM

Date: 30-07-2021 _____

Your Name: L. van Veelen

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

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ICMJE DISCLOSURE FORM

Date: July 28th 2021

Your Name: Joost J.C. Verhoeff

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

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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.	<input checked="" type="checkbox"/> None	
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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 checked="" type="checkbox"/> None	
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:

None.

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: July 27th 2021

Your Name: F.J. Lagerwaard

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

Manuscript number (if known): APM-21-1545-CL

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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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:

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ICMJE DISCLOSURE FORM

Date: July 27, 2021

Your Name: Dirk De Ruyscher

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

Manuscript number (if known): APM-21-1545-CL

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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: 28 July 2021_____

Your Name: P. Lambin_____

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

Manuscript number (if known): APM-21-1545-CL

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None.

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: July 29th 2021 _____

Your Name: Jaap Zindler _____

Manuscript Title: Quality of life among patients with 4 to 10 brain metastases after treatment with whole-brain radiotherapy versus stereotactic radiotherapy: A Phase III, randomized, Dutch multicenter trial

Manuscript number (if known): APM-21-1545-CL

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

None. MAASTRO Clinic has a research agreement with Varian Medical Systems, which include financial support of the data management of this trial. Varian was not involved in the analysis of the results, nor the writing of this manuscript.

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