

## ICMJE DISCLOSURE FORM

Date: July 21st, 2021

Your Name: Michael McKay

Manuscript Title: Partial hippocampal sparing whole brain radiotherapy in a patient with bilateral malignant melanoma metastases to the hippocampus

Manuscript number (if known): PCM-21-23

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**.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <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.

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Date: July 21st, 2021

Your Name: Hassan Zadeh

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Date: July 21st, 2021

Your Name: Carolyn Sanderson

Manuscript Title: Partial hippocampal sparing whole brain radiotherapy in a patient with bilateral malignant melanoma metastases to the hippocampus

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Date: July 21st, 2021

Your Name: Thomas A. McKay

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