

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Henry	2. Surname (Last Name) Ruiz-Garcia	3. Date 19-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel M. Trifiletti
5. Manuscript Title The management of elderly patients with brain metastases from breast cancer		
6. Manuscript Identifying Number (if you know it) _____		

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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

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Dr. Ruiz-Garcia 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)

Lina

2. Surname (Last Name)

Marenco-Hillebrand

3. Date

19-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Daniel M. Trifiletti

5. Manuscript Title

The management of elderly patients with brain metastases from breast cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Marenco-Hillebrand 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) Jennifer L.	2. Surname (Last Name) Peterson	3. Date 19-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel M. Trifiletti
5. Manuscript Title The management of elderly patients with brain metastases from breast cancer		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Peterson 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) Katherine	2. Surname (Last Name) Tzou	3. Date 19-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel M. Trifiletti
5. Manuscript Title The management of elderly patients with brain metastases from breast cancer		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Tzou 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)  
Timothy D.

2. Surname (Last Name)  
Malouff

3. Date  
19-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Daniel M. Trifiletti

5. Manuscript Title  
The management of elderly patients with brain metastases from breast cancer

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)

Kaisorn L.

2. Surname (Last Name)

Chaichana

3. Date

19-June-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Daniel M. Trifiletti

5. Manuscript Title

The management of elderly patients with brain metastases from breast cancer

6. Manuscript Identifying Number (if you know it)

### 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.)?

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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

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#### 2. The work under consideration for publication.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Daniel M.

2. Surname (Last Name)  
Trifiletti

3. Date  
19-June-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The management of elderly patients with brain metastases from breast cancer

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

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Laura

2. Surname (Last Name)  
Vallow

3. Date  
19-June-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Daniel M. Trifiletti

5. Manuscript Title  
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