

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Benjamin J.	2. Surname (Last Name) Rich	3. Date 12-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Huan Giap
5. Manuscript Title The role of proton beam therapy in the management of elderly breast cancer patients		
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

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Section 6. Disclosure Statement

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Dr. Rich has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Asher	3. Date 12-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Huan Giap
5. Manuscript Title The role of proton beam therapy in the management of elderly breast cancer patients		
6. Manuscript Identifying Number (if you know it)		

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Dr. Asher has nothing to disclose.

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1. Given Name (First Name) Bosco	2. Surname (Last Name) Giap	3. Date 12-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Huan Giap
5. Manuscript Title The role of proton beam therapy in the management of elderly breast cancer patients		
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1. Given Name (First Name)
Huan

2. Surname (Last Name)
Giap

3. Date
12-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
The role of proton beam therapy in the management of elderly breast cancer patients

6. Manuscript Identifying Number (if you know it)

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