

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Qian	2. Surname (Last Name) He	3. Date 02-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Qinglan Ren
5. Manuscript Title Intracranial radiotherapy with or without immune checkpoint inhibition for brain metastases: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) TCR-20-902		

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Dr. He has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Chi	2. Surname (Last Name) Zhang	3. Date 02-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Qinglan Ren
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Dr. Zhang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Jiayi

2. Surname (Last Name)  
Li

3. Date  
02-July-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Qinglan Ren

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
TCR-20-902

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Qinglan

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Ren

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