

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jehee Isabelle

2. Surname (Last Name)
Choi

3. Date
08-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sharpening the Particle Knife: The Evolution of Ultra-Precise Proton Therapy

6. Manuscript Identifying Number (if you know it)
TRO-2019-PMC-06 (TRO-20-420)

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Choi 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) Shaakir	2. Surname (Last Name) Hasan	3. Date 08-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J. Isabelle Choi, MD
5. Manuscript Title Sharpening the Particle Knife: The Evolution of Ultra-Precise Proton Therapy		
6. Manuscript Identifying Number (if you know it) TRO-2019-PMC-06 (TRO-20-420)		

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Dr. Hasan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Press

3. Date
08-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
J. Isabelle Choi, MD

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Arpit	2. Surname (Last Name) Chhabra	3. Date 08-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J. Isabelle Choi, MD
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1. Given Name (First Name) Charles

2. Surname (Last Name) Simone

3. Date 08-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name J. Isabelle Choi, MD

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Varian Medical Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honorarium

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. Simone reports other from Varian Medical Systems, outside the submitted work; .

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