Date:_7/6/22	
Your Name:Helen Lo	
Manuscript Title: Hippocampal Avo	ance Whole Brain Radiotherapy: Developing a RapidPlan Model
Manuscript number (if known):	TRO-21-39

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 <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	Payment for expert	None	
	testimony		
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	Patents planned, issued or	None	
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)	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
.0	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
_	group, paid or unpaid		
.1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
.3	services Other financial or non-	None	
3	financial interests	None	
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Date:21/3/22
Your Name:Reuben Patrick Estoesta
Manuscript Title: Hippocampal Avoidance Whole Brain Radiotherapy
Manuscript number (if known):TRO-21-39

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	committee or advocacy			_
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	writing, gifts or other services			
13	Other financial or non-	None		
13	financial interests	None		_
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I	have no conflicts of interest to report.			

Please place an "X" next to the following statement to indicate your agreement:

_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_6/4/2022
Your Name:	Elizabeth Claridge Mackonis
Manuscript Tit	le:_ Hippocampal Avoidance Whole Brain Radiotherapy: Developing a RapidPlan Model _
Man	uscript number (if known): TRO-21-39

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	services		
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	financial interests		
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Elizabeth Claridge Mackonis reports no conflicts of interest.		

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_6/4/22
Your Name:	Michael O'Connor
Manuscript Tit	tle:_ Hippocampal Avoidance Whole Brain Radiotherapy: Developing a RapidPlan Model_
Manuscript nu	ımber (if known):TRO-21-39

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	Payment for expert testimony	None	
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Date:_6/4/2022	
Your Name:Ee Siang Choong	
Manuscript Title: Hippocampal	Avoidance Whole Brain Radiotherapy: Developing a RapidPlan Model
Manuscript number (if known):	TRO-21-39

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