

ICMJE DISCLOSURE FORM

Date: 2022/07/06

Your Name: Ching-Heng Yen

Manuscript Title: Retrospective Analysis of Dosimetry on Hippocampal-Avoidance Whole-Brain Radiotherapy in a Regional Hospital

Manuscript number (if known): _____

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 current manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial 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	
5	Payment or honoraria for	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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Please summarize the above conflict of interest in the following box:

None

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Your Name: Li-Tsun Shieh

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Date: 2022/07/06

Your Name: Sung-Wei Lee

Manuscript Title: Retrospective Analysis of Dosimetry on Hippocampal-Avoidance Whole-Brain Radiotherapy in a Regional Hospital

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