ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christian
2. Surname (Last Name) Fernandez
3. Date 17-March-2020
4. Are you the corresponding author? Yes

5. Manuscript Title
   Successful Stereotactic Radiotherapy of Meningiomas in a Patient with Cowden Syndrome: A Case Report

6. Manuscript Identifying Number (if you know it)
   CCO-20-76B

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? No

Fernandez
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Fernandez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Corey
2. Surname (Last Name)  Savard
3. Date  17-March-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Christian Fernandez

5. Manuscript Title
Successful Stereotactic Radiotherapy of Meningiomas in a Patient with Cowden Syndrome: A Case Report

6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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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Section 6. Disclosure Statement

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Dr. Savard has nothing to disclose.

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<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
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<tr>
<td>Christopher</td>
<td>Farrell</td>
<td>17-March-2020</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

Christian Fernandez

5. Manuscript Title

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Dr. Farrell has nothing to disclose.

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Shi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Wenyin
2. Surname (Last Name) Shi
3. Date 17-March-2020
4. Are you the corresponding author? Yes  No  Corresponding Author’s Name Christian Fernandez
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Associate Editor-in-Chief of Chinese Clinical Oncology

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Dr. Shi reports and Associate Editor-in-Chief of Chinese Clinical Oncology.

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