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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Naoya

2. Surname (Last Name)  
   Ishibashi

3. Date  
   06-November-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   The role of palliative radiation therapy in treating pleural or peritoneal disseminated tumors: 22 cases and a review of the literature

6. Manuscript Identifying Number (if you know it)  
   APM-19-495

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Ishibashi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Toshiya

2. Surname (Last Name)  
   Maebayashi

3. Date  
   06-November-2019

4. Are you the corresponding author?  
   Yes  ☐  No  ☑

   Corresponding Author’s Name  
   Naoya Ishibashi

5. Manuscript Title  
   The role of palliative radiation therapy in treating pleural or peritoneal disseminated tumors: 22 cases and a review of the literature

6. Manuscript Identifying Number (if you know it)  
   APM-19-495

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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. Maebayashi has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Masaharu

2. Surname (Last Name)  
   Hata

3. Date  
   06-November-2019

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Naoya Ishibashi

5. Manuscript Title  
The role of palliative radiation therapy in treating pleural or peritoneal disseminated tumors: 22 cases and a review of the literature

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Masahiro

2. **Surname (Last Name)**
   - Okada

3. **Date**
   - 06-November-2019

4. **Are you the corresponding author?**
   - [ ] Yes  ✔ No

   **Corresponding Author’s Name**
   - Naoya Ishibashi

5. **Manuscript Title**
   - The role of palliative radiation therapy in treating pleural or peritoneal disseminated tumors: 22 cases and a review of the literature

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