ICMJ 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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2. The work under consideration for publication.

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

Chuong

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Chuong

3. Date  
   10-May-2020

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

5. Manuscript Title  
   Case report of magnetic resonance-guided stereotactic ablative radiation therapy for oligometastatic mesenteric lymph nodes from bladder cancer

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   ☐ No

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   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below.

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

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Dr. Chuong reports grants, personal fees and non-financial support from ViewRay, personal fees and non-financial support from Sirtex, personal fees and non-financial support from Accuray, grants from AstraZeneca, outside the submitted work.

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<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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Corresponding Author's Name
Michael Chuong

5. Manuscript Title
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## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Section 6. Disclosure Statement

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Dr. Alvarez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tino

2. Surname (Last Name)  
   Romaguera

3. Date  
   10-May-2020

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

   Corresponding Author’s Name
   Michael Chuong

5. Manuscript Title  
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Dr. Romaguera has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kathryn
2. Surname (Last Name)  Mittauer
3. Date  10-May-2020
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name  Michael Chuong

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alonso

2. Surname (Last Name)  
   Gutierrez

3. Date  
   10-May-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Michael Chuong

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<td>speakers bureau</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  ✔  No
Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Gutierrez reports personal fees and non-financial support from ViewRay, outside the submitted work; .

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Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Gustavo</td>
<td>Luciani</td>
<td>10-May-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
Case report of magnetic resonance-guided stereotactic ablative radiation therapy for oligometastatic mesenteric lymph nodes from bladder cancer

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Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Section 1. Identifying Information

1. Given Name (First Name)  Hayden
2. Surname (Last Name)  Guerrero
3. Date  10-May-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Michael Chuong

5. Manuscript Title
Case report of magnetic resonance-guided stereotactic ablative radiation therapy for oligometastatic mesenteric lymph nodes from bladder cancer

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Antonio  

2. Surname (Last Name)  
   Ucar  

3. Date  
   10-May-2020  

4. Are you the corresponding author?  
   ✔ No  

5. Manuscript Title  
   Case report of magnetic resonance-guided stereotactic ablative radiation therapy for oligometastatic mesenteric lymph nodes from bladder cancer  

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Are there any relevant conflicts of interest?  
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