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)  
   Yusuke
2. Surname (Last Name)  
   Tomita
3. Date  
   24-April-2020
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No
5. Manuscript Title  
   Neurosurgery for brain metastasis from breast cancer
6. Manuscript Identifying Number (if you know it)  
   TCR-2019-MBC-01(TCR-19-2229)

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   ✔ No

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Dr. Tomita has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Kazuhiko

2. Surname (Last Name)  
   Kurozumi

3. Date  
   25-April-2020

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

5. Manuscript Title  
   Neurosurgery for brain metastasis from breast cancer

6. Manuscript Identifying Number (if you know it)  
   TCR-2019-MBC-01(TCR-19-2229)

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Dr. Kurozumi has nothing to disclose.

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Fujii
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Kentaro
2. Surname (Last Name)  Fujii
3. Date  25-April-2020
4. Are you the corresponding author?  [ ] Yes  ✔ No
Corresponding Author’s Name  Kazuhiko Kurozumi
5. Manuscript Title  Neurosurgery for brain metastasis from breast cancer
6. Manuscript Identifying Number (if you know it)  TCR-2019-MBC-01(TCR-19-2229)

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Dr. Fujii has nothing to disclose.

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Shimazu

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yosuke  
2. Surname (Last Name)  
   Shimazu  
3. Date  
   25-April-2020  
4. Are you the corresponding author?  
   Yes  ☑ No  
   Corresponding Author’s Name  
   Kazuhiko Kurozumi  
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   TCR-2019-MBC-01

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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isao</td>
<td></td>
<td>25-April-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Kazuhiko Kurozumi

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
TCR-2019-MBC-01

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Dr. Date has nothing to disclose.

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