



CONSENT

By filling our form, you agree that

- **you are a medical doctor** and you are **responsible for any false declaration**,
- you **respect your patient's privacy and report no recognizable personal data** (i.e. complete name, address). We advise asking your patient for a written informed consent in agreement with the procedures and requirements of your local or academic ethical committee of reference.
- You also agree that **you share the information with the advisory board/ Administrators for scientific case discussion and future research**, you may receive questions if more data needed for a comprehensive and complete case discussion (after all questions/missing information gathered, your case will be shared within our multidisciplinary group of oncology-related physicians).
- You also agree that after you have received the comments from the group, our **Administrators will ask you to summarize all feedbacks you receive in a short text format** (you will receive an email in which we ask you for that one),
- After around a month you will have to **reply to a feedback email** where we ask how your therapeutic plan changed or which therapy you choose and how did these opinions help in the decision.

In case you agree with all these points above, please sign "YES" for the relevant question in our Case Sharing form.