

ICMJE DISCLOSURE FORM

Date: 2023/02/09
 Your Name: Huijun Zhu
 Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 2023/02/09
 Your Name: Huiwen Sun
 Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy
 Manuscript number (if known): _____

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Date: 2023/02/09
 Your Name: Jiaming Zhang
 Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/02/09

Your Name: Yiting Xie

Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy

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ICMJE DISCLOSURE FORM

Date: 13 Apr 2023

Your Name: Jacek Jassem

Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy

Manuscript number (if known): _____

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I have no conflict of interest

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 30.03.2023

Your Name: Pierfrancesco Franco

Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/02/09
 Your Name: Weiliang Sun
 Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/02/09
 Your Name: Wenqi Liu
 Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy
 Manuscript number (if known): _____

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Date: 2023/02/09
 Your Name: Haiying Yue
 Manuscript Title: Cardiac exposure in left-sided breast cancer patients undergoing deep inspiratory breath hold radiation therapy
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