

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Clara	2. Surname (Last Name) LE FEVRE	3. Date 22-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Georges NOEL
5. Manuscript Title A critical review of radiotherapy for retroperitoneal soft tissue sarcoma		
6. Manuscript Identifying Number (if you know it) CCO-20-209		

Section 2. The Work Under Consideration for Publication

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Dr. LE FEVRE has nothing to disclose.

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Waisse

2. Surname (Last Name)
WAISSI

3. Date
22-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Georges NOEL

5. Manuscript Title
A critical review of radiotherapy for retroperitoneal soft tissue sarcoma

6. Manuscript Identifying Number (if you know it)
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Dr. WAISSI has nothing to disclose.

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1. Given Name (First Name)

Isabelle

2. Surname (Last Name)

CHAMBRELANT

3. Date

22-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Georges NOEL

5. Manuscript Title

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Georges

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NOEL

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