

ICMJE DISCLOSURE FORM

Date: 11/25/2022

Your Name: yue huang

Manuscript Title: HPV and radiosensitivity of cervical cancer:a narrative review

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Your Name: Mingfang Guo

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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: 11/25/2022

Your Name: Xiuying Li

Manuscript Title: HPV and radiosensitivity of cervical cancer:a narrative review

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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ICMJE DISCLOSURE FORM

Date: 11/25/2022

Your Name: Qian Zheng

Manuscript Title: HPV and radiosensitivity of cervical cancer:a narrative review

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/25/2022

Your Name: Qiaoling Li

Manuscript Title: HPV and radiosensitivity of cervical cancer:a narrative review

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/25/2022

Your Name: Zeja Mao

Manuscript Title: HPV and radiosensitivity of cervical cancer:a narrative review

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