

ICMJE DISCLOSURE FORM

Date: 2022/12/4
 Your Name: Han Yang
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer
 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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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| Time frame: Since the initial planning of the work | | | |
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| Time frame: past 36 months | | | |
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| 3 | Royalties or licenses | <u> X </u> None | |
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| 4 | Consulting fees | <u> X </u> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 2022/12/4
 Your Name: Xiujuan Zhao
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/12/4 _____ Your
 Name: Yang He _____
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer _____
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ICMJE DISCLOSURE FORM

Date: 2022/12/4 _____ Your
 Name: Xia Tan _____
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer _____
 Manuscript number (if known): _____

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Date: 2022/12/4 _____ Your
 Name: Haiyan Peng _____
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer _____
 Manuscript number (if known): _____

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Date: 2022/12/4 _____ Your
 Name: Mingsong Zhong _____
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer _____
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Date: 2022/12/4 _____ Your
 Name: Qicheng Li _____
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer _____
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ICMJE DISCLOSURE FORM

Date: 2022/12/4 _____ Your
 Name: Xianfeng Liu _____
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer _____
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 Name: Yanan He _____
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer _____
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Date: 2022/12/4 _____ Your
 Name: Huanli Luo _____
 Manuscript Title: Dosimetric impacts of cone-beam computed tomography (CT)-based anatomic changes in intensity-modulated radiotherapy for cervical cancer _____
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| 3 | Royalties or licenses | <u> X </u> None | |
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| 4 | Consulting fees | <u> X </u> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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