

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yonghua	2. Surname (Last Name) Cai	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui Wang
5. Manuscript Title Quantitative CT measurement of left colonic and pelvic mesenteric adipose volume in radiation proctitis		
6. Manuscript Identifying Number (if you know it) ATM-20-5102		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Cai has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Tenghui	2. Surname (Last Name) Ma	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui Wang
5. Manuscript Title Quantitative CT measurement of left colonic and pelvic mesenteric adipose volume in radiation proctitis		
6. Manuscript Identifying Number (if you know it) ATM-20-5102		

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Dr. Ma has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Qinghua	2. Surname (Last Name) Zhong	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui Wang
5. Manuscript Title Quantitative CT measurement of left colonic and pelvic mesenteric adipose volume in radiation proctitis		
6. Manuscript Identifying Number (if you know it) ATM-20-5102		

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Dr. Zhong has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Qiyuan

2. Surname (Last Name)

Qin

3. Date

27-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hui Wang

5. Manuscript Title

Quantitative CT measurement of left colonic and pelvic mesenteric adipose volume in radiation proctitis

6. Manuscript Identifying Number (if you know it)

ATM-20-5102

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Dr. Qin has nothing to disclose.

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1. Given Name (First Name) Wuteng	2. Surname (Last Name) Cao	3. Date 27-June-2020
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**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Zhanzhen	2. Surname (Last Name) Liu	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui Wang
5. Manuscript Title Quantitative CT measurement of left colonic and pelvic mesenteric adipose volume in radiation proctitis		
6. Manuscript Identifying Number (if you know it) ATM-20-5102		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Liu has nothing to disclose.

### Evaluation and Feedback

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jia	2. Surname (Last Name) Ke	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui Wang
5. Manuscript Title Quantitative CT measurement of left colonic and pelvic mesenteric adipose volume in radiation proctitis		
6. Manuscript Identifying Number (if you know it) ATM-20-5102		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Hui

2. Surname (Last Name)

Wang

3. Date

27-June-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Quantitative CT measurement of left colonic and pelvic mesenteric adipose volume in radiation proctitis

6. Manuscript Identifying Number (if you know it)

ATM-20-5102

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