Date: <u>Aug. 16<sup>th</sup></u> ,	2021
Your Name: Ha	nzi Xu
Manuscript Title: Signature	nificance of ovarian transposition in the preservation of ovarian function for young cervical cancer
patients undergoing	postoperative volumetric modulated radiotherapy
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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment or honoraria for	XNone		
lectures, presentations,			
speakers bureaus,			
manuscript writing or			
educational events	V. Naga		
6 Payment for expert testimony	XNone		
testimony			
7 Support for attending	X None		
meetings and/or travel			
gu array ar aran ar			
8 Patents planned, issued or	XNone		
pending			
9 Participation on a Data	X None		
Safety Monitoring Board or			
Advisory Board			
10 Leadership or fiduciary role	XNone		
in other board, society,			
committee or advocacy			
group, paid or unpaid			
11 Stock or stock options	XNone		
12 Receipt of equipment,	X_None		
materials, drugs, medical			
writing, gifts or other services			
13 Other financial or non-	XNone		
financial interests			
Please summarize the above conflict of interest in the following box:			
None.			

Date:	Aug. 16	<sup>5th</sup> , 2021	
Your Nan	ne:	Chang Guo	_
Manuscri	ipt Title:	Significance of ovarian transposition in the preservation of ovarian function for young	cervical cancer
patients	undergoi	ing postoperative volumetric modulated radiotherapy	
Manuscr	ipt numb	oer (if known):	<u> </u>

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	5 Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nava	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	8		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descint of accions out	V Name	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	X None	
13	financial interests		
Plea	ase summarize the above co	nflict of interest in the follo	owing box:
	lone.		

Date: A	Aug. 16 <sup>th</sup> , 2021	
Your Name	e: Xiuming Zhang	
Manuscript	t Title: Significance of ovarian transposition in the preservation of ovarian function for y	oung cervical cancer
patients un	ndergoing postoperative volumetric modulated radiotherapy	
Manuscript	t 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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
<b>'</b>	meetings and/or travel			
	meetings and/or traver			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
_	Advisory Board			
10	Leadership or fiduciary role	X_None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11		X None		
11	Stock or stock options			
12	Receipt of equipment,	X_None		
12	materials, drugs, medical writing, gifts or other	X_NOTIC		
	services			
13	Other financial or non-	X None		
13	financial interests			
Plea	ase summarize the above co	nflict of interest in the fo	lowing box:	
	lone.			

Date: <u>Aug. 16<sup>th</sup>, 2021</u>	
Your Name: Yagin Wu	
Manuscript Title: Significance of ovarian transposition in the preservation of ovarian function for	young cervical cancer
patients undergoing postoperative volumetric modulated radiotherapy	
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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
<b>'</b>	meetings and/or travel			
	meetings and/or traver			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
_	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11		X None		
11	Stock or stock options			
12	Receipt of equipment,	X_None		
12	materials, drugs, medical writing, gifts or other	X_NOTIC		
	services			
13	Other financial or non-	X None		
13	financial interests			
Plea	ase summarize the above co	nflict of interest in the fo	lowing box:	
	lone.			

Date: Au	ug. 16 <sup>th</sup> , 2021	
Your Name:	: Biging Zhu	
Manuscript T	: Title: Significance of ovarian transposition in the preservation of ovarian function for young c	ervical cancer
patients und	dergoing postoperative volumetric modulated radiotherapy	
Manuscript r	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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
<b>'</b>	meetings and/or travel				
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
_	Advisory Board				
10	eadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options				
12	Receipt of equipment,	X_None			
12	materials, drugs, medical	X_NOTIC			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
	None.				

Date: Aug. 16	S <sup>th</sup> , 2021	
Your Name:	Emei Lu	
Manuscript Title:	Significance of ovarian transposition in the preservation of ovarian function for	young cervical cancer
patients undergo	ing postoperative volumetric modulated radiotherapy	
Manuscript num	oer (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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
<b>'</b>	meetings and/or travel				
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
_	Advisory Board				
10	eadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options				
12	Receipt of equipment,	X_None			
12	materials, drugs, medical	X_NOTIC			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
	None.				

Date:	Aug. 16 <sup>t</sup>	<sup>th</sup> , 2021	
Your Nan	ne:	Zhihua Sun	
Manuscri	ipt Title:	Significance of ovarian transposition in the preservation of ovarian function for young cervical ca	ncer
patients	undergoi	ing postoperative volumetric modulated radiotherapy_	
Manuscri	ipt numb	per (if known):	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
<b>'</b>	meetings and/or travel				
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
_	Advisory Board				
10	eadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options				
12	Receipt of equipment,	X_None			
12	materials, drugs, medical	X_NOTIC			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
	None.				

Date:Aug. 16 <sup>th</sup> , 2021	<u></u>
Your Name: Dan He	<u></u>
Manuscript Title: Significance of ovarian transposition in the preservation of ovarian function	for young cervical cancer
patients undergoing postoperative volumetric modulated radiotherapy	
Manuscript number (if known):	

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5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
<b>'</b>	meetings and/or travel				
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
_	Advisory Board				
10	eadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options				
12	Receipt of equipment,	X_None			
12	materials, drugs, medical	X_NOTIC			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
	None.				

Date: <u>Aug. 16</u>	S <sup>th</sup> , 2021
Your Name:	Fei Deng
Manuscript Title:	Significance of ovarian transposition in the preservation of ovarian function for young cervical cancer
patients undergo	ing postoperative volumetric modulated radiotherapy
Manuscript numl	oer (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
<b>'</b>	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
_	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
	Threston interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
	lone.		

Date: Aug. 16 <sup>th</sup> , 2021	<u> </u>
Your Name: Juan Lv	<u> </u>
Manuscript Title: Significance of ovarian transposition in the preservation of ovarian function f	or young cervical cancer
patients undergoing postoperative volumetric modulated radiotherapy	
Manuscript number (if known):	

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4	Consulting fees	XNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
<b>'</b>	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
_	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
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11	Stock or stock options		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
	Threston interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
	lone.		

Date: Aug. 16 <sup>th</sup> , 2021	
Your Name: Zhen Go	ong
Manuscript Title: Significa	ance of ovarian transposition in the preservation of ovarian function for young cervical cancer
patients undergoing post	operative volumetric modulated radiotherapy_
Manuscript number (if kn	own):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	V None	
7	meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
٥	pending		
	pending		
	5	Y N	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
	·		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	lowing box:

None.