

ICMJE DISCLOSURE FORM

Date: March 4, 2022

Your Name: Zhen Huang

Manuscript Title: Neoadjuvant radiotherapy for soft tissue sarcoma in China: A preliminary result

Manuscript number (if known): ATM-22-98

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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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	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: March 4, 2022

Your Name: Ning Li

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ICMJE DISCLOSURE FORM

Date: March 4, 2022

Your Name: Yuan Tang

Manuscript Title: Neoadjuvant radiotherapy for soft tissue sarcoma in China: A preliminary result

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Date: March 4, 2022

Your Name: Jing Jin

Manuscript Title: Neoadjuvant radiotherapy for soft tissue sarcoma in China: A preliminary result

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Date: March 4, 2022

Your Name: Weifeng Liu

Manuscript Title: Neoadjuvant radiotherapy for soft tissue sarcoma in China: A preliminary result

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Your Name: Hairong Xu

Manuscript Title: Neoadjuvant radiotherapy for soft tissue sarcoma in China: A preliminary result

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Date: March 4, 2022

Your Name: Feng Yu

Manuscript Title: Neoadjuvant radiotherapy for soft tissue sarcoma in China: A preliminary result

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Date: March 4, 2022

Your Name: Qing Zhang

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Your Name: Yi Ding

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

☒ X ☐ 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: _____ March 4, 2022 _____

Your Name: _ Xiaohui Niu _____

Manuscript Title: _ Neoadjuvant radiotherapy for soft tissue sarcoma in China: A preliminary result _____

Manuscript number (if known): _ ATM-22-98 _____

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6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

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