

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Jing | 2. Surname (Last Name) Yang | 3. Date 29-December-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lin Kong and Jiade J. Lu |
| 5. Manuscript Title Particle beam radiation therapy for head and neck rhabdomyosarcoma in adults | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

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Dr. Yang has nothing to disclose.

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| | | |
|---|---|---|
| 1. Given Name (First Name) Jing | 2. Surname (Last Name) Gao | 3. Date 29-December-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lin Kong and Jiade J. Lu |
| 5. Manuscript Title Particle beam radiation therapy for head and neck rhabdomyosarcoma in adults | | |
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| | | |
|---|---|---|
| 1. Given Name (First Name) Jiyi | 2. Surname (Last Name) Hu | 3. Date 29-December-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lin Kong and Jiade J. Lu |
| 5. Manuscript Title Particle beam radiation therapy for head and neck rhabdomyosarcoma in adults | | |
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Dr. Hu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Weixu

2. Surname (Last Name)

Hu

3. Date

29-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lin Kong and Jiade J. Lu

5. Manuscript Title

Particle beam radiation therapy for head and neck rhabdomyosarcoma in adults

6. Manuscript Identifying Number (if you know it)

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Xianxin

2. Surname (Last Name)

Qiu

3. Date

29-December-2020

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Yes

No

Corresponding Author's Name

Lin Kong and Jiade J. Lu

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Qingting | 2. Surname (Last Name) Huang | 3. Date 29-December-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lin Kong and Jiade J. Lu |
| 5. Manuscript Title Particle beam radiation therapy for head and neck rhabdomyosarcoma in adults | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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3. Relevant financial activities outside the submitted work.

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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lin

2. Surname (Last Name)
Kong

3. Date
29-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Particle beam radiation therapy for head and neck rhabdomyosarcoma in adults

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Jiade J.

2. Surname (Last Name)

Lu

3. Date

29-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Particle beam radiation therapy for head and neck rhabdomyosarcoma in adults

6. Manuscript Identifying Number (if you know it)

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