

ICMJE DISCLOSURE FORM

Date: April 4, 2023

Your Name: Bin Li

Manuscript Title: Dosimetric impact of CT metal artifact reduction for spinal implants in stereotactic body radiotherapy planning

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

None

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ICMJE DISCLOSURE FORM

Date: April 4, 2023

Your Name: Jiexing Huang

Manuscript Title: Dosimetric impact of CT metal artifact reduction for spinal implants in stereotactic body radiotherapy planning

Manuscript number (if known): _____

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Date: April 4, 2023

Your Name: Junjie Ruan

Manuscript Title: Dosimetric impact of CT metal artifact reduction for spinal implants in stereotactic body radiotherapy planning

Manuscript number (if known): _____

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Date: April 4, 2023

Your Name: Qinghe Peng

Manuscript Title: Dosimetric impact of CT metal artifact reduction for spinal implants in stereotactic body radiotherapy planning

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ICMJE DISCLOSURE FORM

Date: April 4, 2023

Your Name: Sijuan Huang

Manuscript Title: Dosimetric impact of CT metal artifact reduction for spinal implants in stereotactic body radiotherapy planning

Manuscript number (if known): _____

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Date: April 4, 2023

Your Name: Yunfei Li

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