

#### **Instructions**

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### Identifying information.

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Sun 1



Section 1.	Identifying Inform	ation						
1. Given Name (First Name) Leshan		2. Surnar Sun	ne (Last Name	)	3. Date 09-September-2020			
4. Are you the corresponding author?		Yes	<b>√</b> No	Correspon	ding Autho	or's Name		
5. Manuscript Title Building a patient	transfer le	arning for 4D	)-CBCT augmei	ntation				
6. Manuscript Ident QIMS-20-655-R1	ifying Number (if you kn	ow it)						
Section 2.								
Section 2.	The Work Under Co	nsiderat	tion for Pub	olication				
any aspect of the su statistical analysis, e	bmitted work (including	but not lim	nited to grants,	, data monitorin		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,		
•					n one enti	ty press the "ADD" button to add a row.		
Excess rows can b	e removed by pressing	the "X" b	utton.					
Name of Institution	on/Company	Grant?	Personal N	Non-Financial Support?	Other?	Comments		
National Institutes of H	lational Institutes of Health					No. R01-CA184173 and R01- EB028324		
Section 3.	Relevant financial a	activities	outside th	e submitted	work.			
of compensation)	with entities as descri	oed in the	instructions.	. Use one line fo	or each er	rial relationships (regardless of amount atity; add as many lines as you need by a <b>26 months prior to publication</b> .		
Are there any rele	vant conflicts of intere	st?	∕es ✓ No					
Section 4.								
Section 4.	Intellectual Proper	ty Pate	nts & Copy	rights				
Do you have any բ	patents, whether planr	ned, pendi	ng or issued,	broadly releva	ant to the	work? Yes V No		

Sun 2



Section 5. Polotionskips not sovered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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Dr. Sun reports grants from National Institutes of Health, during the conduct of the study; .

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Jiang 1



1. Given Name (First Name) 2. Surname (Last Name) Jiang 3. Date 10-September-2020  4. Are you the corresponding author?  Yes No Corresponding Author's Name Lei Ren  5. Manuscript Title Building a patient-specific model using transfer learning for 4D-CBCT augmentation  6. Manuscript Identifying Number (if you know it) QIMS-20-655-R1  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  If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.  Name of Institution/Company  Grant? Personal Support? Comments  Support?  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 1.	Identifying Inform	ation						
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intellectual Property Patents & Copyrights	Are there any rele	evant conflicts of intere	est?	es 🗸 No					
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	Do you have any	patents, whether plani	ned, pendir	ng or issued,	broadly releva	int to the w	vork? Yes No		

Jiang 2



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Chang 1



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Ren 1



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	out the appropriate info		ou have more than	one entity pr	ress the "ADD" button to add a re	ow.	
Name of Institut	ion/Company	Grant? Persona Fees?	Non-Financial Support?	Other? Co	omments		
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Relationships not covered above
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Ren reports grants from National Institutes of Health, during the conduct of the study; .

#### **Evaluation and Feedback**

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