

ICMJE DISCLOSURE FORM

Date: 2021/5/14

Your Name: Hui Yan

Manuscript Title: Utilizing Pre-determined Beam Orientation Information in Dose Prediction by 3D Fully-Connected Network for Intensity Modulated Radiotherapy

Manuscript number (if known): QIMS-20-1076

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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.	<input checked="" type="checkbox"/> None	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 2021/5/14

Your Name: Shuolin Liu

Manuscript Title: Utilizing Pre-determined Beam Orientation Information in Dose Prediction by 3D Fully-Connected Network for Intensity Modulated Radiotherapy

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Your Name: Jingjing Zhang

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Your Name: Jianfei Liu

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Date: 2021/5/14

Your Name: Teng Li

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