

## ICMJE DISCLOSURE FORM

Date: 6/1/2021  
 Your Name: Yang Sheng  
 Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview  
 Manuscript number (if known): QIMS-21-208

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	This work is partially supported by NIH R01CA201212 research grant and Varian master research grant.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	I report patent "Systems and methods for automatic, customized radiation treatment plan generation for cancer" has been filed.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I report funding support from NIH R01CA201212 research grant and Varian master research grant. Patent titled "Systems and methods for automatic, customized radiation treatment plan generation for cancer" was filed.

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

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: 6/9/2021

Your Name: Jiahan Zhang

Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview

Manuscript number (if known): \_\_\_\_\_

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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.

## ICMJE DISCLOSURE FORM

Date: 6/2/2021  
 Your Name: Yaorong Ge  
 Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview  
 Manuscript number (if known): QIMS-21-208

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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: 05/30/2021

Your Name: Xinyi Li

Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview

Manuscript number (if known): QIMS-21-208

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

I have no conflict of interest related to this manuscript to disclose.

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

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## ICMJE DISCLOSURE FORM

Date: 6/1/2021  
 Your Name: Wentao Wang  
 Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview  
 Manuscript number (if known): QIMS-21-208

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## ICMJE DISCLOSURE FORM

Date: 06/03/2021

Your Name: Hunter Stephens

Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview

Manuscript number (if known): QIMS-21-208

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3	Royalties or licenses	__x__ None	
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None
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## ICMJE DISCLOSURE FORM

Date: 6/3/2021  
 Your Name: Fang-Fang Yin  
 Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview  
 Manuscript number (if known): QIMS-21-208

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

Dr. Yin reports patent titled "Systems and methods for automatic, customized radiation treatment plan generation for cancer" was filed.

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## ICMJE DISCLOSURE FORM

Date: 6/10/2021  
 Your Name: Qiuwen Wu  
 Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview  
 Manuscript number (if known): QIMS-21-208

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

Dr. Wu has nothing to disclose.

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

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## ICMJE DISCLOSURE FORM

Date: 6/2/2021  
 Your Name: Qingrong Jackie Wu  
 Manuscript Title: Artificial Intelligence Applications in Intensity Modulated Radiation Treatment Planning: An Overview  
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