Da	te:5/23/2022						
	ur Name: Yao Ouya	ang					
	Manuscript Title:Precise visualization with ultrasound-guided balloon catheter dilation for cricopharyngeal						
	dysfunction after radiation therapy for nasopharyngeal carcinoma: A case description						
Ma	anuscript number (if known)) :QIMS-22-63					
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	e following questions apply nuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>				
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		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate	institution)				
		none (add rows as					
		needed)	wlenging of the world				
		Time frame: Since the initial	planning of the work				
1	All support for the present manuscript (e.g., funding,	XNone					
	provision of study materials,						
	medical writing, article						
	processing charges, etc.)						
	No time limit for this item.						
2	Cuento en contra da francia	Time frame: past	36 months				
2	Grants or contracts from any entity (if not indicated	XNone					
	in item #1 above).						
3	Royalties or licenses	X None					
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4	Consulting fees	X None					

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	V Nove	
13	financial interests	XNone	
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Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
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	The author has no conflicts of i	nterest to declare.	

Da	te:5/23/2022						
	ur Name: Ying Zhoเ	J					
Ma	Manuscript Title:Precise visualization with ultrasound-guided balloon catheter dilation for cricopharyngeal						
	dysfunction after radiation therapy for nasopharyngeal carcinoma: A case description						
Ma	anuscript number (if known)	:QIMS-22-63					
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.				
	e following questions apply inuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>				
to me	The author's relationships/activities/interests should be <u>defined broadly</u> . 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)				
		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.	XNone					
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months				
3	Royalties or licenses	XNone					
4	Consulting fees	XNone					

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	V Nove	
13	financial interests	XNone	
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	The author has no conflicts of i	nterest to declare.	

Da	te:5/23/2022		
Yo	ur Name:Jiafa Tian	l	
Ma	anuscript Title:Preci	se visualization with ultraso	ound-guided balloon catheter dilation for cricopharyngeal
			rcinoma: A case description
Ma	anuscript number (if known)):QIMS-22-63	
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	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to	_	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other items,
		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 initia	planning of the work
L	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.	XNone	
	Country	Time frame: past	36 months
<u>'</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
1	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	V Nove	
13	financial interests	XNone	
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Da	te:5/23/2022						
Yo	ur Name:Junmei La	ai					
Ma	Manuscript Title:Precise visualization with ultrasound-guided balloon catheter dilation for cricopharyngeal						
dy	dysfunction after radiation therapy for nasopharyngeal carcinoma: A case description						
Ma	anuscript number (if known)	:QIMS-22-63					
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	e time frame for disclosure i		·				
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your				
		relationship or indicate none (add rows as	institution)				
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L	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.	XNone					
	Country	Time frame: past	36 months				
<u>2</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone					
3	Royalties or licenses	XNone					
1	Consulting fees	X None					

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	XNone	
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	materials, drugs, medical		
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13	financial interests	XNone	
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Da	te:5/23/2022						
Yo	ur Name: Xiuxiu Gเ	10					
Ma	Manuscript Title:Precise visualization with ultrasound-guided balloon catheter dilation for cricopharyngeal						
dy	lysfunction after radiation therapy for nasopharyngeal carcinoma: A case description						
Ma	anuscript number (if known)):QIMS-22-63					
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)				
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)	Grants or contracts from	Time frame: past	36 months				
<u> </u>	any entity (if not indicated in item #1 above).	XNone					
3	Royalties or licenses	XNone					
1	Consulting fees	X None					

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	X None	
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11	Stock or stock options	XNone	
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13	services Other financial or non-	V Nove	
13	financial interests	XNone	
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Da	te:5/23/2022						
	ur Name:Weiwei Z	'hang					
Ma	anuscript Title:Preci	se visualization with ultrasc	ound-guided balloon catheter dilation for cricopharyngeal				
dy	lysfunction after radiation therapy for nasopharyngeal carcinoma: A case description						
Ma	anuscript number (if known)):QIMS-22-63					
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	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current				
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		Name all entities with	Specifications/Comments				
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		relationship or indicate	institution)				
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L	All support for the present	XNone					
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	provision of study materials,						
	medical writing, article processing charges, etc.)						
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2	Grants or contracts from	X None					
	any entity (if not indicated						
	in item #1 above).						
3	Royalties or licenses	XNone					
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	XNone	
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13	services Other financial or non-	V Nove	
13	financial interests	XNone	
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Da	te:5/23/2022						
	ur Name: Dingyuar	n Ren					
Ma	anuscript Title:Preci	se visualization with ultrasc	ound-guided balloon catheter dilation for cricopharyngeal				
dy	dysfunction after radiation therapy for nasopharyngeal carcinoma: A case description						
Ma	anuscript number (if known)):QIMS-22-63					
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		Name all entities with	Specifications/Comments				
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L	All support for the present	X None					
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2	Grants or contracts from	X None					
	any entity (if not indicated						
	in item #1 above).						
3	Royalties or licenses	X None					
1	Consulting foos	V N					
+	Consulting fees	XNone					

5	Payment or honoraria for	XNone					
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	speakers bureaus,						
	manuscript writing or						
	educational events						
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