

ICMJE DISCLOSURE FORM

Date: May. 9th, 2021

Your Name: Jinqiu Li

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Jinqiu Li <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Jinqiu Li <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	Jinqiu Li <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	Jinqiu Li <input checked="" type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Jinqiu Li __X__ None	
6	Payment for expert testimony	Jinqiu Li __X__ None	
7	Support for attending meetings and/or travel	Jinqiu Li __X__ None	
8	Patents planned, issued or pending	Jinqiu Li __X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Jinqiu Li __X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Jinqiu Li __X__ None	
11	Stock or stock options	Jinqiu Li __X__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Jinqiu Li __X__ None	
13	Other financial or non-financial interests	Jinqiu Li __X__ None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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: May. 9th, 2021

Your Name: Likun Wang

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Likun Wang <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Likun Wang <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	Likun Wang <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	Likun Wang <input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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: May. 9th, 2021

Your Name: Hongqiang Liu

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Hongqiang Liu <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Hongqiang Liu <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Hongqiang Liu <input checked="" type="checkbox"/> None	
4	Consulting fees	Hongqiang Liu <input checked="" type="checkbox"/> None	

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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: May. 9th, 2021

Your Name: Zhilin Zhang

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Zhilin Zhang <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Zhilin Zhang <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	Zhilin Zhang <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	Zhilin Zhang <input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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: May. 9th, 2021

Your Name: Shanglin Dong

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Shanglin Dong <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Shanglin Dong <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	Shanglin Dong <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	Shanglin Dong <input checked="" type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Shanglin Dong __X__None	
6	Payment for expert testimony	Shanglin Dong __X__None	
7	Support for attending meetings and/or travel	Shanglin Dong __X__None	
8	Patents planned, issued or pending	Shanglin Dong __X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Shanglin Dong __X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Shanglin Dong __X__None	
11	Stock or stock options	Shanglin Dong __X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Shanglin Dong __X__None	
13	Other financial or non-financial interests	Shanglin Dong __X__None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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: May. 9th, 2021

Your Name: Yunbo Zhang

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Yunbo Zhang <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Yunbo Zhang <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Yunbo Zhang <input checked="" type="checkbox"/> None	
4	Consulting fees	Yunbo Zhang <input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Yunbo Zhang __X__None	
6	Payment for expert testimony	Yunbo Zhang __X__None	
7	Support for attending meetings and/or travel	Yunbo Zhang __X__None	
8	Patents planned, issued or pending	Yunbo Zhang __X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Yunbo Zhang __X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yunbo Zhang __X__None	
11	Stock or stock options	Yunbo Zhang __X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Yunbo Zhang __X__None	
13	Other financial or non-financial interests	Yunbo Zhang __X__None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

 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: May. 9th, 2021

Your Name: Xiaochun Wu

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Xiaochun Wu <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Xiaochun Wu <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Xiaochun Wu <input checked="" type="checkbox"/> None	
4	Consulting fees	Xiaochun Wu <input checked="" type="checkbox"/> None	

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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: May. 9th, 2021

Your Name: Cong Wang

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Cong Wang <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Cong Wang <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Cong Wang <input checked="" type="checkbox"/> None	
4	Consulting fees	Cong Wang <input checked="" type="checkbox"/> None	

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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: May. 9th, 2021

Your Name: Xin Ji

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Xin Ji <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Xin Ji <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Xin Ji <input checked="" type="checkbox"/> None	
4	Consulting fees	Xin Ji <input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Xin Ji __X__None	
6	Payment for expert testimony	Xin Ji __X__None	
7	Support for attending meetings and/or travel	Xin Ji __X__None	
8	Patents planned, issued or pending	Xin Ji __X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Xin Ji __X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Xin Ji __X__None	
11	Stock or stock options	Xin Ji __X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Xin Ji __X__None	
13	Other financial or non-financial interests	Xin Ji __X__None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

 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: May. 9th, 2021

Your Name: Huan Ma

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Huan Ma <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Huan Ma <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Huan Ma <input checked="" type="checkbox"/> None	
4	Consulting fees	Huan Ma <input checked="" type="checkbox"/> None	

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

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: May. 9th, 2021

Your Name: Chengbo Ren

Manuscript Title: Analysis of the value of N-terminal pro-B-type natriuretic peptide (NT-proBNP) and other parameters related to right heart function in detecting acute radiation-induced right heart injury

Manuscript number (if known): APM-21-1014

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)
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.	Chengbo Ren <input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Chengbo Ren <input checked="" type="checkbox"/> None	
3	Royalties or licenses	Chengbo Ren <input checked="" type="checkbox"/> None	
4	Consulting fees	Chengbo Ren <input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chengbo Ren __X__None	
6	Payment for expert testimony	Chengbo Ren __X__None	
7	Support for attending meetings and/or travel	Chengbo Ren __X__None	
8	Patents planned, issued or pending	Chengbo Ren __X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chengbo Ren __X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chengbo Ren __X__None	
11	Stock or stock options	Chengbo Ren __X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Chengbo Ren __X__None	
13	Other financial or non-financial interests	Chengbo Ren __X__None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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.