

ICMJE DISCLOSURE FORM

Date: _____ Feb. 5th, 2022 _____

Your Name: ___ Xiaobin Chang _____

Manuscript Title: ___ The Effects of intestinal air cavity on dose distribution of volume modulated arc therapy for cervical cancer _____

Manuscript number (if known): ___ APM-22-66 _____

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.

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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.	___ X ___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ X ___ None	
3	Royalties or licenses	___ X ___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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None.

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

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Date: _____ Feb. 5th, 2022 _____

Your Name: ___ Yuan Yuan _____

Manuscript Title: ___ The Effects of intestinal air cavity on dose distribution of volume modulated arc therapy for cervical cancer _____

Manuscript number (if known): ___ APM-22-66 _____

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ICMJE DISCLOSURE FORM

Date: _____ Feb. 5th, 2022 _____

Your Name: ___ Guoqing Wang _____

Manuscript Title: ___ The Effects of intestinal air cavity on dose distribution of volume modulated arc therapy for cervical cancer _____

Manuscript number (if known): ___ APM-22-66 _____

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ICMJE DISCLOSURE FORM

Date: _____ Feb. 5th, 2022 _____

Your Name: _____ Lijuan Hu _____

Manuscript Title: _____ The Effects of intestinal air cavity on dose distribution of volume modulated arc therapy for cervical cancer _____

Manuscript number (if known): _____ APM-22-66 _____

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Date: _____ Feb. 5th, 2022 _____

Your Name: _____ Min Zhou _____

Manuscript Title: _____ The Effects of intestinal air cavity on dose distribution of volume modulated arc therapy for cervical cancer _____

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Date: _____ Feb. 5th, 2022 _____

Your Name: _____ Huijuan Liu _____

Manuscript Title: _____ The Effects of intestinal air cavity on dose distribution of volume modulated arc therapy for cervical cancer _____

Manuscript number (if known): _____ APM-22-66 _____

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Date: _____ Feb. 5th, 2022 _____

Your Name: _____ Libo Pan _____

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Date: _____ Feb. 5th, 2022 _____

Your Name: _____ Jing Wang _____

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