Date:06092022		
Your Name:Zhixiang Wang		
Manuscript Title:Applications of genera	tive adversarial networks (GANs) in radio	otherapy
Manuscript number (if known):	PCM-22-28	

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0	D D .	A.I	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fo	ollowing box:

None		

Date:06/09/2022		
Your Name:Glauco Lorenzut		
Manuscript Title:Applications of genera	ative adversarial networks (	GANs) in radiotherapy
Manuscript number (if known):	PCM-22-28	

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4	Consulting fees	None	

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

Date:06092022				
Your Name:Zhen Zhang				
Manuscript Title:Applications of gen	erative adversarial ne	etworks (GANs) in radio	otherapy	
Manuscript number (if known):	PCM-22-28			

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0	D D .	A.I	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fo	ollowing box:

None		

ate:06092022
our Name:Andre Dekker
lanuscript Title:Applications of generative adversarial networks (GANs) in radiotherapy
lanuscript number (if known):PCM-22-28

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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)
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		Time frame: past	36 months
2	Grants or contracts from	Varian	To institution
	any entity (if not indicated	Janssen	To institution
	in item #1 above).	Philips	To institution
		BMS	To institution
3	Royalties or licenses	Mirada Medical	To institution
4	Consulting fees	None	
5	Payment or honoraria for	Medtronic	Payment to me
	rayinent of honorana ioi	MEGULIONIC	rayinent to me

	lectures, presentations,	Janssen	Payment to me
	speakers bureaus, manuscript writing or educational events	Roche	Payment to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	MD Anderson Advisory Board	Payment to me
	committee or advocacy group, paid or unpaid	Hanarth Fund Advisory Board	Payment to me
		Peter Munk Advisory Board	Payment to me
11	Stock or stock options	Medical Data Works B.V.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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AD reports grants from Varian, Janssen, Philips and BMS; royalties from Mirada Medical; personal fees from Medtronic, Janssen, Roche; and is board member of MD Anderson Advisory Board, Hanarth Fund Advisory Board and Peter Munk Advisory Board.

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

Date:06092022				
Your Name:Alberto Traverso				
Manuscript Title:Applications of generative adversarial networks (GANs) in radiotherapy				
Manuscript number (if known):	PCM-22-28			

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8	Patents planned, issued or	None		
	pending			
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9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
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12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

None		