Date:	2071-6-7								
Your Nam	e: Yu-Tie	Huana	- 4					. 2 21	
Manuscri	ot Title: Stereotactic	Radiation Th	erapy fo	r Recurre	nt Nasopha	aryngeal Ca	arcinoma		
	ot number (if known								

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 <u>current manuscript only</u>.

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.

		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	l 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.	None	
	Page 18 10 the latest	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	
4	Consulting fees	X_None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	None.	The state of the s
0	testimony	None	
	testimony	Annual (1997)	
7	Support for attending	X None	
	meetings and/or travel		
		And the second second second second	
	an think of territoring the	real land of the land	
8	Patents planned, issued or	<u>×</u> None	
	pending		
_			
9	Participation on a Data	_X_None	
	Safety Monitoring Board or Advisory Board	m the second of	
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
_	committee or advocacy	In the second second	
	group, paid or unpaid		
11	Stock or stock options	None	
10	Sh Jan	444.5	The state of the s
12	Receipt of equipment,	None	1 A221 9 4231 1019 222
	materials, drugs, medical writing, gifts or other		
	services	In the last	
13	Other financial or non-	✓ None	of relativestima with sability and a trace of all two school
1,0	financial interests	miles supposes appearing ha	se objet to state for exemple, foreign a copyricate see

None					

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.

Date: >0	21.5.7							
Your Name:	Fu-min	fang						
Manuscript Title	e: Stereotactic	Radiation 1	herapy for	Recurren	t Nasopha	ryngeal Ca	rcinoma	
Manuscript nun	nber (if known)	: <u>ANPC-21</u>	<u>l-2</u>					

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 <u>current manuscript only</u>.

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.

		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	l 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	
	经国际 发展的复数形式	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
1.00	educational events	The state of the s	
6	Payment for expert	_X_None	
	testimony		
_		A N	
7	Support for attending	None	
	meetings and/or travel		
-			
- 1	图 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
8	Patents planned, issued or	X_None	
	pending	200	
9	Participation on a Data	X_None	
The Park	Safety Monitoring Board or	ESC AL CONTROL OF THE SECOND S	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	The state of the s
11	Stock of Stock options		
		100	The second secon
12	Receipt of equipment,	⊀ None	
17	materials, drugs, medical		
	writing, gifts or other		
	services	10.00	
13	Other financial or non-	<u></u> ✓ None	se Pages in with manipulation of his page agent
	financial interests	sulptor jako segon akupat aki	into the first one of the figure and included to

None				

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.

Date:	2021.5	.5			11 6-	3-1-1			
Your N		lui-Chun	Chen			The system		2.00	
Manus	cript Title: St	ereotactic Radia	ation Therap	y for Recurrer	nt Nasopha	ryngeal Ca	rcinoma		
Manus	crint numbo	Lif known). AN	DC-21-2						

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 <u>current manuscript only</u>.

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.

10.		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)
	ever miles to the countries of	Time frame: Since the initi	al 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	
	PARK STATE OF THE	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Royalties or licenses	X_None	
4	Consulting fees	_X_None	

Payment or honoraria for	None	
speakers bureaus, manuscript writing or		
Payment for expert testimony	_X_None	
Support for attending meetings and/or travel	<u>X</u> None	
180 Little Front But 1985 Horn:		
Patents planned, issued or pending	_X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
Leadership or fiduciary role in other board, society, committee or advocacy	<u>x</u> None	
Stock or stock options	X_None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
Other financial or non- financial interests	X_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- X None X None X None X None

lone				

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

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

Date: 202, 5, 5						
Your Name: HSuan - Chih	Hsu	(July Desta)				14 (4)
Manuscript Title: Stereotactic Radiation	n Therapy f	or Recurrent	Nasopha	yngeal Ca	rcinoma	

Manuscript number (if known): ANPC-21-2

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 <u>current</u> <u>manuscript only</u>.

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.

	The state of the s	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	al 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.	None	
		Time frame: pas	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	1 30 Months
3	Royalties or licenses	<u></u> ✓ None	
	Consulting fees	<u>⊁</u> None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		The second secon
	speakers bureaus,	and the second s	
	manuscript writing or		
12	educational events		The control of the co
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	the from boot out this them.		
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	× None	
10	in other board, society,		
	committee or advocacy group, paid or unpaid	F. 10 (1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	
11	Stock or stock options	× None	
	State Property Control		
	land Tand Park	No. 1	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	<u>X</u> None	STREET, STREET
	financial interests	CARTINATE OF THE OFFE OFF	military and a supering property and an extension of a
-2.0		11.0	

None	.37 1	11 11 11 11				

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.