## ICMIE DISCLOSURE FORM

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Date	e:2023/3/2	20		
Your	Name: Guan	ghui Yang		
			ing thoracic radiotherapy based on electrocardiograph-ga	ated
	mensional magnetic resona	_		
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	following questions apply t uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
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	em #1 below, report all sup time frame for disclosure is	· · · · · · · · · · · · · · · · · · ·	l in this manuscript without time limit. For all other item	ns,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	

		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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None			

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## ICMJE DISCLOSURE FORM

Date:	2023/3/20	
Your Name:	Guanzhong Gong	
Manuscript Title:	Analysis of heart dis	placement during thoracic radiotherapy based on electrocardiograph-gated
4-dimensional mag	netic resonance imaging	<u> </u>
Manuscript number	r (if known):	
In the interest of tr	ansparency, we ask you	to disclose all relationships/activities/interests listed below that are
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to transparency an	d does not necessarily in	ndicate a bias. If you are in doubt about whether to list a

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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
manuscript (e.g., funding, provision of study materials,	XNone	
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No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	XNone	
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Royalties or licenses	XNone	
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	provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  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.  Time frame: past  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses  whom you have this relationship or indicate  X None

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	manuscript writing or		
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12	Receipt of equipment,	^_NOTIE	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None			

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	ICMJE DISCLOSURE FORM						
Date:	2023/3/20						
	Chengrui Fu						
		ring thoracic radiotherapy based on electrocardiograph-gated					
4-dimensional m	nagnetic resonance imaging						
	nber (if known):						
related to the co parties whose in to transparency relationship/act	ontent of your manuscript. "Related" meanterests may be affected by the content of and does not necessarily indicate a bias. ivity/interest, it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  ps/activities/interests as they relate to the current					
to the epidemio medication, eve In item #1 below	logy of hypertension, you should declare n if that medication is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items,					
	or another is the past of months.						
	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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	medical writing, article		
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
2	in item #1 above).	V Name	
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13	Other financial or non-	XNone	
	financial interests		

None			

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

## ICMJE DISCLOSURE FORM

Date:		
Your Name:	Chengxin Liu	
Manuscript Title:	Analysis of heart displacement during thoracic radiotherapy based on electrocardiograph-	gated
4-dimensional mag	netic resonance imaging	
Manuscript number	(if known):	
	insparency, we ask you to disclose all relationships/activities/interests listed below that are	
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