

Instructions

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Chen 1



| Section 1. | Identifying Inform | nation | | |
|---|----------------------------|--------------------------------|---------------------------------------|------------------------------|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Chen | | 3. Date 17-September-2017 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nan Rui Wei | ne |
| • | | - | y and helical tomotherapy f | or locally advanced |
| | ntifying Number (if you kr | • | | |
| | | | _ | |
| Section 2. | The Work Under Co | onsideration for Public | cation | |
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| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? | ☐ Yes ✓ No |

Chen 2



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patent

Yang 1



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| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Yang | | 3. Date 17-September-2017 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nam Rui Wei | ne |
| 5. Manuscript Title Intensity-modulated radiotherapy, volume-modulated arc therapy and helical tomotherapy for locally advanced nasopharyngeal carcinoma: a dosimetric comparison | | | | or locally advanced |
| | ntifying Number (if you kn | • | | |
| | | | - | |
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Jiang 1



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|---|---------------------------------|--|--|--|--|
| 1. Given Name (First Name) Nian | 2. Surname (Last Name) Jiang | 3. Date 17-September-2017 | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Rui Wei | | | |
| 5. Manuscript TitleIntensity-modulated radiotherapy,nasopharyngeal carcinoma: a dosin6. Manuscript Identifying Number (if yo | netric comparison | and helical tomotherapy for locally advanced | | | |
| Section 2. The Work Under Consideration for Publication Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for | | | | | |
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Jiang 2



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Zhang 1



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|---|----------------------------|---------------------------------|--|--|
| 1. Given Name (Fi Zijian | | 2. Surname (Last Name) Zhang | 3. Date 17-September-2017 | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Rui Wei | |
| | | | and helical tomotherapy for locally advanced | |
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Zhang 2



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He 1



| Section 1. | Identifying Inform | ation | | |
|---|----------------------------|------------------------------|---------------------------------------|------------------------------|
| 1. Given Name (Fii Yuxiang | rst Name) | 2. Surname (Last Name) He | | 3. Date 17-September-2017 |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's Nan Rui Wei | ne |
| • | | | y and helical tomotherapy f | or locally advanced |
| 6. Manuscript Ider | ntifying Number (if you kn | ow it) | | |
| | | | _ | |
| Section 2. | The Work Under Co | onsideration for Public | ation | |
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| | | | | |
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| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . | | | | |
| Are there any rele | evant conflicts of intere | est? Yes ✓ No | | |
| | l | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyrig | ıhts | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? | ☐ Yes 🗸 No |

He 2



| Section 5. | | | | | |
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| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? | | | | |
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| Dr. He has nothii | ng to disclose. | | | | |

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Luo 1



| Section 1. | Identifying Inform | ation | | |
|--|----------------------------|---|---------------------------------------|--|
| 1. Given Name (Fi Junli | rst Name) | 2. Surname (Last Name) Luo | | 3. Date 17-September-2017 |
| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Nar Rui Wei | me |
| 5. Manuscript Title Intensity-modulated radiotherapy, volu nasopharyngeal carcinoma: a dosimetri | | | y and helical tomotherapy f | for locally advanced |
| 6. Manuscript Idei | ntifying Number (if you kn | ow it) | | |
| | | | - | |
| Section 2. | The Work Under Co | onsideration for Public | ation | |
| any aspect of the s statistical analysis, | submitted work (including | but not limited to grants, dat | | mmercial, private foundation, etc.) for sign, manuscript preparation, |
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| of compensation clicking the "Ado | n) with entities as descri | bed in the instructions. Us port relationships that were | e one line for each entity; a | ationships (regardless of amount add as many lines as you need by nonths prior to publication. |
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| Section 4. | Intellectual Proper | ty Patents & Copyrig | hts | |
| | intellectual Proper | ty — ratents & copyrig | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Luo 2



| Section 5. | | | | |
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| Section 5. | Relationships not covered above | | | |
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administrative support, etc.

Liang 1



| Section 1. | Identifying Information | | | |
|---|---|---------------------------------|---------------------------------------|---|
| 1. Given Name (Fi Ying | rst Name) | 2. Surname (Last Name) Liang | | 3. Date 17-September-2017 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nar Rui Wei | me |
| 5. Manuscript Title Intensity-modulated radiotherapy, volum nasopharyngeal carcinoma: a dosimetric | | - | y and helical tomotherapy f | for locally advanced |
| 6. Manuscript Idei | 6. Manuscript Identifying Number (if you know it) | | | |
| | | | _ | |
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| of compensation | n) with entities as descri | bed in the instructions. Us | se one line for each entity; a | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. |
| Are there any rel | evant conflicts of intere | est? Yes Vo | | |
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| Section 4. | Intellectual Proper | ty Patents & Copyric | Jhts | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Liang 2



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Wei 1



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| 1. Given Name (Fii Rui | rst Name) | 2. Surname (Last Name) Wei | 3. Date 17-September-2017 | |
| 4. Are you the corresponding author? | | ✓ Yes No | | |
| 5. Manuscript Title Intensity-modulated radiotherapy, volume-modulated arc therapy and helical tomotherapy for locally advanced nasopharyngeal carcinoma: a dosimetric comparison 6. Manuscript Identifying Number (if you know it) | | | | |
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