

Instructions

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| Section 1. | Identifying Infor | mation | | |
|--------------------------------------|---------------------------|------------------------------|---|--|
| 1. Given Name (Fi Weiqiong | rst Name) | 2. Surname (Last Name) Ni | 3. Date 21-April-2019 | |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Yunsheng Gao | |
| | | | ostic factor for local-regional advanced nasopharyngeal | |
| 6. Manuscript Ide | ntifying Number (if you l | know it) | | |
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Dr. Ni has nothing to disclose.

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|--------------------------------------|-------------------|-------------------------------|--------------------------|--|
| 1. Given Name (Fii Yunsheng | rst Name) | 2. Surname (Last Name) Gao | 3. Date 21-April-2019 | |
| 4. Are you the corresponding author? | | ✓ Yes No | | |

5. Manuscript Title

The maximum diameter of cervical lymph node was not a prognostic factor for local-regional advanced nasopharyngeal carcinoma treated with intensity modified radiotherapy

6. Manuscript Identifying Number (if you know it)

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| 1. Given Name (Fi Jiayi | rst Name) | 2. Surname (Last Name) Chen | 3. Date 21-April-2019 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Yunsheng Gao |
| | | | ostic factor for local-regional advanced nasopharyngeal |
| | ntifying Number (if you l | | |

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 any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

| Are there any relevant conflicts of interest? | | Yes |
|---|--|-----|
|---|--|-----|

Section 3. Relevant financial activities outside the submitted work.

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 relevant conflicts of interest? | Yes | \checkmark | No |
|---|-----|--------------|----|
|---|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | | Yes | ٩٩ |
|--|-----|-----|----|
| | 1 1 | | |



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chen has nothing to disclose.

Evaluation and Feedback