

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yongqiang

2. Surname (Last Name)

Yang

3. Date

05-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ye Tian; Jianjun Qian

5. Manuscript Title

Effect of prone and supine treatment positions for postoperative treatment of rectal cancer on target dose coverage and small bowel sparing using intensity-modulated radiation therapy

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Dr. Yang has nothing to disclose.

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Shang

2. Surname (Last Name)
Cai

3. Date
05-November-2019

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Yes No

Corresponding Author's Name
Ye Tian; Jianjun Qian

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Section 1. Identifying Information

1. Given Name (First Name)

Tianshu

2. Surname (Last Name)

Zhao

3. Date

05-November-2019

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Yes No

Corresponding Author's Name

Ye Tian; Jianjun Qian

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Qiliang	2. Surname (Last Name) Peng	3. Date 05-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ye Tian; Jianjun Qian
5. Manuscript Title Effect of prone and supine treatment positions for postoperative treatment of rectal cancer on target dose coverage and small bowel sparing using intensity-modulated radiation therapy		
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Jianjun

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Qian

3. Date
05-November-2019

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ye

2. Surname (Last Name)
Tian

3. Date
05-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effect of prone and supine treatment positions for postoperative treatment of rectal cancer on target dose coverage and small bowel sparing using intensity-modulated radiation therapy

6. Manuscript Identifying Number (if you know it)

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.)?

Are there any relevant conflicts of interest? Yes No

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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**.

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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?

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

Dr. Yang has nothing to disclose. Dr. Tian has nothing to disclose.

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