

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Huipeng Meng

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

Manuscript 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 current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Huipeng Meng__None	
6	Payment for expert testimony	Huipeng Meng__None	
7	Support for attending meetings and/or travel	Huipeng Meng__None	
8	Patents planned, issued or pending	Huipeng Meng__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Huipeng Meng__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Huipeng Meng__None	
11	Stock or stock options	Huipeng Meng__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Huipeng Meng__None	
13	Other financial or non-financial interests	Huipeng Meng__None	

Please summarize the above conflict of interest in the following box:

None.

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

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

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Xiangjuan Meng

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

Manuscript number (if known): _____

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

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

Please summarize the above conflict of interest in the following box:

None.

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

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

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Qingtao Qiu

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

Manuscript number (if known): _____

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Qingtao Qiu__None	
6	Payment for expert testimony	Qingtao Qiu__None	
7	Support for attending meetings and/or travel	Qingtao Qiu__None	
8	Patents planned, issued or pending	Qingtao Qiu__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Qingtao Qiu__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Qingtao Qiu__None	
11	Stock or stock options	Qingtao Qiu__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Qingtao Qiu__None	
13	Other financial or non-financial interests	Qingtao Qiu__None	

Please summarize the above conflict of interest in the following box:

None.

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

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

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Yanlong Zhang

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

Manuscript number (if known): _____

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

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

Please summarize the above conflict of interest in the following box:

None.

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

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

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Xin Ming

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

Manuscript number (if known): _____

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Xin Ming__None	
6	Payment for expert testimony	Xin Ming__None	
7	Support for attending meetings and/or travel	Xin Ming__None	
8	Patents planned, issued or pending	Xin Ming__None	
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11	Stock or stock options	Xin Ming__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Xin Ming__None	
13	Other financial or non-financial interests	Xin Ming__None	

Please summarize the above conflict of interest in the following box:

None.

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

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

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Qifeng Li

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

Manuscript number (if known): _____

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11	Stock or stock options	Qifeng Li__None	
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None.

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

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Keqiang Wang

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

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7	Support for attending meetings and/or travel	Keqiang Wang__ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Keqiang Wang__ None	
13	Other financial or non-financial interests	Keqiang Wang__ None	

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None.

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

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Ruohui Zhang

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Ruohui Zhang__ None	
13	Other financial or non-financial interests	Ruohui Zhang__ None	

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None.

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

ICMJE DISCLOSURE FORM

Date: May. 25th, 2021

Your Name: Jinghao Duan

Manuscript Title: Feasibility evaluation of KV-CBCT dose calculation following scatter correction: investigations of phantom and representative tumor sites

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6	Payment for expert testimony	Jinghao Duan__None	
7	Support for attending meetings and/or travel	Jinghao Duan__None	
8	Patents planned, issued or pending	Jinghao Duan__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Jinghao Duan__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Jinghao Duan__None	
11	Stock or stock options	Jinghao Duan__None	
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13	Other financial or non-financial interests	Jinghao Duan__None	

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None.

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