Date:2	22.12.6	
Your Name:_Zijia	Zhou	
Manuscript Title:	Exploring the effect of hospital-community-home nutrition management in patients w	/ith
radiotherapy for	sophageal and head and neck malignancies: a prospective cohort	
study		
Manuscript num	er (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.

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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
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.	None	None
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

No interest			

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

Date:	2022.12.6	
Your Name	_Ying Luo	
Manuscript	Title:	_Exploring the effect of hospital-community-home nutrition management in patients with
radiotherap	y for esophage	al and head and neck malignancies: a prospective cohort
study		
Manuscript	number (if kno	own):

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3	Royalties or licenses	None	None

Consulting fees	None	None
Payment or honoraria for	None	None
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
I	None	None
testimony		
	None	None
Patents planned, issued or	None	None
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Stock or stock options	None	None
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Other financial or non-	None	None
Other financial or non-	None	
Other financial or non-		
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Other financial or non- financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,None

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

Date:	2022.12.6_	
Your Name	e:_Linrong Pang_	
Manuscrip	t Title:	_Exploring the effect of hospital-community-home nutrition management in patients with
radiothera	py for esophage	al and head and neck malignancies: a prospective cohort
study		
Manuscrip	t number (if kno	wn):

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	I		
1	All support for the present	None	None
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	1	Time frame: past	36 months
2	Grants or contracts from	None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	None

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

No interest			

Please place an "X" next to the following statement to indicate your agreement:
_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2022.12	.6
Your Name: _Xin Zhou_	
Manuscript Title:	Exploring the effect of hospital-community-home nutrition management in patients with
radiotherapy for esopha	geal and head and neck malignancies: a prospective cohort
study	
Manuscript number (if k	nown):

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3	Royalties or licenses	None	None

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

No interest		

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

Date:	2022.12.6	
Your Name: _K	ifeng Zheng	
Manuscript Titl	:Exploring the effect of hospital-community-home nutrition management in	n patients with
radiotherapy fo	esophageal and head and neck malignancies: a prospective cohort	
study		
Manuscript nur	ber (if known):	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None

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

No interest			

Please place an "X" next to the following statement to indicate your agreement:
_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form. 10

Date:2022.12	.6
Your Name:Xiaochun	Cheng
Manuscript Title:	Exploring the effect of hospital-community-home nutrition management in patients with
radiotherapy for esopha	geal and head and neck malignancies: a prospective cohort
study	
Manuscript number (if k	nown):

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		Time frame: past	36 months
2	Grants or contracts from	None	None
	any entity (if not indicated		

	in item #1 above).		
3		None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None
5	Payment or honoraria for	None	None
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	None
	testimony		
7	Support for attending	None	None
	meetings and/or travel		
_			
8	Patents planned, issued or	None	None
	pending		
9	Participation on a Data	None	None
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	None
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	None
12	Receipt of equipment,	None	None
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	None
	financial interests		

No interest				

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

Date:	2022.12.6	
Your Name:	_Caihong Xu	
Manuscript	Title:	_Exploring the effect of hospital-community-home nutrition management in patients with
radiotherap	y for esophage	al and head and neck malignancies: a prospective cohort
study		
Manuscript	number (if kno	wn):

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	None
4	Consulting fees	None	None
-	Consulting rees	None	None
5	Payment or honoraria for	None	None
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	None
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7	Support for attending meetings and/or travel	None	None
	meetings and/or traver		
8	Patents planned, issued or	None	None
	pending		
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9	Participation on a Data Safety Monitoring Board or	None	None
	Advisory Board		
10	Leadership or fiduciary role	None	None
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	None
	Stock of Stock Options		TOTAL STATE OF THE
12	Receipt of equipment,	None	None
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	None
	financial interests		

No interest	:			

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

Date:2022.	12.6
Your Name:_Bin Yao_	
Manuscript Title:	Exploring the effect of hospital-community-home nutrition management in patients with
radiotherapy for esop	nageal and head and neck malignancies: a prospective cohort
study	
Manuscript number (i	fknown):

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3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

No interest		

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

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this

form

Date:	_2022.12.6_	
Your Name:_Tad	oqi Zhou	
Manuscript Title	e:	Exploring the effect of hospital-community-home nutrition management in patients with
radiotherapy fo	r esophagea	l and head and neck malignancies: a prospective cohort
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Manuscript num	nber (if knov	vn):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

No interest			

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

Date:	2022.12.6	
Your Name:_	Jun Chen	
Manuscript T	itle:	_Exploring the effect of hospital-community-home nutrition management in patients with
radiotherapy	for esophage	al and head and neck malignancies: a prospective cohort
study		
Manuscript n	umber (if kno	own):

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Time frame: past 36 months								
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	lectures, presentations,								
	speakers bureaus,								
	manuscript writing or								
	educational events								
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	testimony								
7	Support for attending	None	None						
	meetings and/or travel								
8	Patents planned, issued or	None	None						
	pending								
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	Advisory Board								
10	Leadership or fiduciary role	None	None						
	in other board, society,								
	committee or advocacy								
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11	Stock or stock options	None	None						
12	Receipt of equipment,	None	None						
12	materials, drugs, medical	None	None						
	writing, gifts or other								
	services								
13	Other financial or non-	None	None						
	financial interests								
Ple	Please summarize the above conflict of interest in the following box:								
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	No interest								

No interest			

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