

Instructions

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Bourbonne



| Section 1. | Identifying Information | | | | | |
|--|--|-------------------------------------|--------------|--|-------------------------|--|
| 1. Given Name (First Name) Vincent | | 2. Surname (Last Name) Bourbonne | | | 3. Date 08-June-2020 | |
| 4. Are you the corresponding author? | | ✓ Yes | No | | | |
| | 5. Manuscript Title Toxicity after Volumetric Modulated Arc Therapy for lung cancer | | | | | |
| 6. Manuscript Ider TCLR-20-406 | ntifying Number (if you kn | now it) | | | | |
| Section 2. | | | | | | |
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Dr. Bourbonne has nothing to disclose.

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Delafoy



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|---|--|--|-------------------------|--|--|--|
| 1. Given Name (First Name) Alice | | 2. Surname (Last Name) Delafoy | 3. Date 08-June-2020 | | | |
| 4. Are you the corresponding author? | | ✓ Yes No | | | | |
| | 5. Manuscript Title Toxicity after Volumetric Modulated Arc Therapy for lung cancer | | | | | |
| 6. Manuscript Ider TCLR-20-406 | ntifying Number (if you kn | ow it) | | | | |
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|--|---|--|-------------------------|--|--|--|--|
| 1. Given Name (First Name) François | | 2. Surname (Last Name) Lucia | 3. Date 08-June-2020 | | | | |
| 4. Are you the corresponding author? | | ✓ Yes No | | | | | |
| 5. Manuscript Title Toxicity after Vol | | Therapy for lung cancer | | | | | |
| 6. Manuscript Identifying Number (if you know it) TCLR-20-406 | | | | | | | |
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Dr. Lucia has nothing to disclose.

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| 1. Given Name (First Name) Gilles | | 2. Surname (Last Name) Quéré | | 3. Date 08-June-2020 | | |
| 4. Are you the corresponding author? | | Yes No | | | | |
| 5. Manuscript Title Toxicity after Vol | | Therapy for lung cancer | 1 | | | |
| 6. Manuscript Ider TCLR-20-406 | ntifying Number (if you kn | ow it) | _ | | | |
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| 1. Given Name (First Name) Olivier | | 2. Surname (Last Name) Pradier | | 3. Date 08-June-2020 | | |
| 4. Are you the corresponding author? | | ✓ Yes No | | | | |
| 5. Manuscript Title Toxicity after Vol | e lumetric Modulated Arc | Therapy for lung can | cer | | | |
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| Section 1. | Identifying Information | | | | | |
|--|--|----------------------------------|-------------------|-------------------------|--|--|
| 1. Given Name (First Name) Ulrike | | 2. Surname (Last Name) Schick | | 3. Date 08-June-2020 | | |
| 4. Are you the corresponding author? | | ✓ Yes | No | | | |
| | 5. Manuscript Title Toxicity after Volumetric Modulated Arc Therapy for lung cancer | | | | | |
| 6. Manuscript Identifying Number (if you know it) TCLR-20-406 | | | | | | |
| | | | | | | |
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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. Schick has nothing to disclose.

Evaluation and Feedback