

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

## 2. The work under consideration for publication.

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### Relevant financial activities outside the submitted work.

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## 4. Intellectual Property.

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

## Relationships not covered above.

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Chang 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Chia-Na	2. Surname (Last Name) Chang	3. Date 10-July-2018		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Effectiveness and acute toxicity of intensity-modulated radiotherapy versus three-dimensional conformal radiotherapy in pancreatic cancer: a systematic review and a meta-analysis 6. Manuscript Identifying Number (if you know it) 10.21037/tro.2018.07.06				
Section 2. The Work Under Co	onsideration for Publication			
Did you or your institution <b>at any time</b> 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				
Section 3. Relevant financial	activities outside the submitted work.			
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Section 4. Intellectual Proper	rty Patents & Copyrights			
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the worl	☐ Yes ✓ No</td		

Chang 2



Section 5. Polationships not severed above
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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. Chang has nothing to disclose.

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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Hsu

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administrative support, etc.



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Wan-Ting	rst Name)	2. Surname (Last Name) Hsu	3. Date 10-July-2018	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Chia-Na Chang	
		•	rapy versus three-dimensional conformal radiotherapy in	
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6. Manuscript Idei	ntifying Number (if you kn	ow it)		
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any aspect of the s statistical analysis,	stitution <b>at any time</b> recei submitted work (including	ve payment or services from but not limited to grants, do		mmercial, private foundation, etc.) for sign, manuscript preparation,
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