

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chou-Hsien

2. Surname (Last Name)  
Lee

3. Date  
25-July-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
A planning study for evaluation of feasibility and benefit of generalized equivalent uniform dose-assisted optimization in volumetric-modulated arc therapy for recurrent head and neck cancer

6. Manuscript Identifying Number (if you know it)  
doi: 10.21037/tro.2018.08.01

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Dr. Lee has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Zih-Ruei

2. Surname (Last Name)

Jhang

3. Date

25-July-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Chou-Hsien Lee

5. Manuscript Title

A planning study for evaluation of feasibility and benefit of generalized equivalent uniform dose-assisted optimization in volumetric-modulated arc therapy for recurrent head and neck cancer

6. Manuscript Identifying Number (if you know it)

doi: 10.21037/tro.2018.08.01

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Dr. Jhang has nothing to disclose.

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Shyh-An

2. Surname (Last Name)  
Yeh

3. Date  
25-July-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Chou-Hsien Lee

5. Manuscript Title

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1. Given Name (First Name) Yi-Ling	2. Surname (Last Name) Chen	3. Date 25-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chou-Hsien Lee
5. Manuscript Title A planning study for evaluation of feasibility and benefit of generalized equivalent uniform dose-assisted optimization in volumetric-modulated arc therapy for recurrent head and neck cancer		
6. Manuscript Identifying Number (if you know it) doi: 10.21037/tro.2018.08.01		

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