

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiaojian	2. Surname (Last Name) Chen	3. Date 15-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name X. Allen Li
5. Manuscript Title Assessment and management of interfraction variations of lumpectomy cavities in accelerated partial breast irradiation		
6. Manuscript Identifying Number (if you know it)		

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Julia 2. Surname (Last Name) White 3. Date 15-May-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
X. Allen Li

5. Manuscript Title
Assessment and management of interfraction variations of lumpectomy cavities in accelerated partial breast irradiation

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Susan Komen Breast Cancer Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant to institution

Section 3. Relevant financial activities outside the submitted work.

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Dr. White reports grants from Susan Komen Breast Cancer Foundation, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Wenhui

2. Surname (Last Name)
Li

3. Date
15-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
X. Allen Li

5. Manuscript Title

Assessment and management of interfraction variations of lumpectomy cavities in accelerated partial breast irradiation

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ergun	2. Surname (Last Name) Ahunbay	3. Date 15-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name X. Allen Li
5. Manuscript Title Assessment and management of interfraction variations of lumpectomy cavities in accelerated partial breast irradiation		
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Dr. Ahunbay has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carmen

2. Surname (Last Name)
Bergom

3. Date
15-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
X. Allen Li

5. Manuscript Title

Assessment and management of interfraction variations of lumpectomy cavities in accelerated partial breast irradiation

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tracy

2. Surname (Last Name)

Kelly

3. Date

15-May-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

X. Allen Li

5. Manuscript Title

Assessment and management of interfraction variations of lumpectomy cavities in accelerated partial breast irradiation

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

J. Frank

2. Surname (Last Name)

Wilson

3. Date

20-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

X. Allen Li

5. Manuscript Title

Assessment and management of interfraction variations of lumpectomy cavities in accelerated partial breast irradiation

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
X. Allen

2. Surname (Last Name)
Li

3. Date
15-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Assessment and management of interfraction variations of lumpectomy cavities in accelerated partial breast irradiation

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Susan Komen Breast Cancer Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant to institution

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Elekta Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant to institution
Siemens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant to institution

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Dr. Li reports grants from Susan Komen Breast Cancer Foundation, during the conduct of the study; grants from Elekta Inc, grants from Siemens, outside the submitted work; .

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