Date: 2021/4/29					
Date:2021/4/29					
		ion influences systemic inflammation-immunity status after			
chemoradiation in esophagea	l cancer				
Manuscript number (if known):TRO-20-62				
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.					
The following questions apply manuscript only.	to the author's relationship	s/activities/interests as they relate to the <u>current</u>			
• •	ension, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.			
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.					
	Name all entities with	Specifications/Comments			
	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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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.	_V_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_V_None	
3	Royalties or licenses	_V_None	
4	Consulting fees	_ V _None	

5	Payment or honoraria for lectures, presentations,	_ V _None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	M. Niene	
0	testimony	_ V _None	
	testimony		
7	Support for attending	_ V _None	
•	meetings and/or travel		
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8	Patents planned, issued or	_ V _None	
	pending		
9	Participation on a Data Safety Monitoring Board or	_ V _None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	_ V _None	
	group, paid or unpaid		
11	Stock or stock options	V None	
12	Receipt of equipment,	_ V _None	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	_ V _None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the	following box:

No conflict of interest to declare.		

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r Name: Yuan-Chun La	İ	
nuscript Title: The volume of	low-dose thoracic irradia	ation influences systemic inflammation-immunity status after
moradiation in esophageal o	ancer	
nuscript number (if known):	TRO-20-62	
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Consulting fees

5	Payment or honoraria for lectures, presentations,	_ V _None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	M. Niene	
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10	Leadership or fiduciary role in other board, society, committee or advocacy	_ V _None	
	group, paid or unpaid		
11	Stock or stock options	V None	
12	Receipt of equipment,	_ V _None	
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	V _None	
	medical writing, article processing charges, etc.) No time limit for this item.		

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Grants or contracts from

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Royalties or licenses

Consulting fees

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5	Payment or honoraria for lectures, presentations,	_ V _None	
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	financial interests		
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No conflict of interest to declare.		

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Royalties or licenses

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	lectures, presentations,				
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Royalties or licenses

Consulting fees

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No conflict of interest to declare.		

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Royalties or licenses

Consulting fees

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	lectures, presentations,				
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13	Other financial or non-	_ V _None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

No conflict of interest to declare.		

Dat	e:2021/4/29		
You	r Name: Po-Ju Lin		
Ma	nuscript Title: The volume of	f low-dose thoracic irradia	ation influences systemic inflammation-immunity status after
che	moradiation in esophageal o	cancer	
Ma	nuscript number (if known):	TRO-20-62	
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	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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1	All support for the present	V None	ar planning of the work
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2	Grants or contracts from any entity (if not indicated	_ V _None	
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Consulting fees

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5	Payment or honoraria for	_ V _None			
	lectures, presentations,				
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8	Patents planned, issued or	_ V _None			
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9	Participation on a Data	_ V _None			
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	materials, drugs, medical writing, gifts or other				
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13	Other financial or non-	_ V _None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

No conflict of interest to declare.		

Dat	e:2021/4/29		
	r Name: Tsai-Wei Cho		
che	nuscript Title: The volume on moradiation in esophageal nuscript number (if known)	cancer	ation influences systemic inflammation-immunity status after
rela pari to t	ted to the content of your i	manuscript. "Related" me e affected by the content on ecessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o 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 initi	al 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.	_V_None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	_V_None	
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Consulting fees

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5	Payment or honoraria for	_ V _None			
	lectures, presentations,				
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	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

No conflict of interest to declare.		

Date	e:2021/4/29		
	r Name: Li-Chung H		
che	nuscript Title: The volume moradiation in esophage nuscript number (if know	al cancer	ation influences systemic inflammation-immunity status after
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Royalties or licenses

Consulting fees

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5	Payment or honoraria for	_ V _None	
	lectures, presentations,		
	speakers bureaus,		
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	in other board, society, committee or advocacy		
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11	Stock or stock options	_ V _None	
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	materials, drugs, medical writing, gifts or other		
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Plea	ise summarize the above co	nflict of interest in the	following hox:

No conflict of interest to declare.		

Date	e:2021/4/29		
You	r Name: Chia-Chun Hu	ang	
			tion influences systemic inflammation-immunity status after
cher	moradiation in esophageal o	cancer	
Mar	uscript number (if known):	TRO-20-62	
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al 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.	_ V _None	

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Grants or contracts from

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Royalties or licenses

Consulting fees

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5	Payment or honoraria for	_ V _None	
	lectures, presentations,		
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8	Patents planned, issued or	_ V _None	
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Plea	ise summarize the above co	nflict of interest in the	following hox:

No conflict of interest to declare.		

Date	e:2021/4/29			
	r Name: Tung-Hao Cha			
Maı che		f low-dose thoracic irradia	cion influences systemic inflammation-immunity status af	ter
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		Time frame: past 36	5 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_V_None	
3	Royalties or licenses	_V_None	
4	Consulting fees	_V_None	

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	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	Time frame: Since the initia	al planning of the work
All support for the present	_ V _None	
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	r Name: Jin-Ching Lin _ nuscript Title: The volume of moradiation in esophageal of nuscript number (if known): ne interest of transparency, ted to the content of your m ies whose interests may be ransparency and does not not tionship/activity/interest, it following questions apply to nuscript only. author's relationships/activ ne epidemiology of hyperter lication, even if that medical em #1 below, report all supp time frame for disclosure is All support for the present manuscript (e.g., funding, provision of study materials,	ted to the content of your manuscript. "Related" measies whose interests may be affected by the content of ransparency and does not necessarily indicate a bias. It is preferable that you do stionship/activity/interest, it is preferable that you do following questions apply to the author's relationship to the author's relationship to the author's relationship to the author's relationship stationary and the epidemiology of hypertension, you should declare lication, even if that medication is not mentioned in the tem #1 below, report all support for the work reported time frame for disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial to the present manuscript (e.g., funding,

Time frame: past 36 months

V_None

V_None

V_None

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

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

No conflict of interest to declare.			

Date:	2021/4/29
Your Name	: Jhen-Bin Lin
Manuscript	: Title: The volume of low-dose thoracic irradiation influences systemic inflammation-immunity status after
chemoradia	ation in esophageal cancer
Manuscript	: number (if known):TRO-20-62
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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.	_V_None	pranning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	V_None	
3	Royalties or licenses	_V_None	
4	Consulting fees	_ V _None	

5	Payment or honoraria for	_ V _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
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	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	V None	
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	services		
13	Other financial or non-	_ V _None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the	following box:

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