	Date: _2021/9/2			
Your Name:_Mau-Shin Chi				
	Manuscript Title: Marked local and distant response of heavily treated breast cancer with cardiac			
	metastases treated by combined low dose radiotherapy, low dose immunotherapy and hyperthermia: a case report			
	anuscript number (if kno	wn)· TRO-21-16		
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tha for rep to	at are related to the cont r-profit third parties who presents a commitment	ent of your manuscript se interests may be afformation of necessarily indicate	close all relationships/activities/interests listed . "Related" means any relation with for-profit of ected by the content of the manuscript. Disclose a bias. If you are in doubt about whether to listout do so.	r not- sure
	e following questions ap rrent manuscript only.	pply to the author's rela	tionships/activities/interests as they relate to t	he
pe	rtains to the epidemiolog	gy of hypertension, you	uld be <u>defined broadly</u> . For example, if your mashould declare all relationships with manufaction is not mentioned in the manuscript.	
	item #1 below, report all ner items, the time frame		eported in this manuscript without time limit. Fast 36 months.	or all
		Name all entities with	Specifications/Comments	
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		relationship or indicate	institution)	
		none (add rows as needed)		
	Ti	me frame: Since the initia	I planning of the work	
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	study materials, medical			
	writing, article processing			
	charges, etc.) No time limit for this			
	item.			
		Time frame: past	: 36 months	
2	Grants or contracts from	X None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		

Consulting fees

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X_None

E	Doumont or honorisis for	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board	^_None	
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	X None	
''	Stock of Stock options	X_NONE	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
10	services	V Name	
13	Other financial or non- financial interests	X_None	
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Ple	Please summarize the above conflict of interest in the following box:		
	No conflict of interests.		
	ivo commot of interests.		
L			
Ple	Please place an "X" next to the following statement to indicate your agreement:		

Yc	our Name:_ Jen-Hong Wu	J				
	Manuscript Title:_ Marked local and distant response of heavily treated breast cancer with cardiac					
	metastases treated by combined low dose radiotherapy, low dose immunotherapy and hyperthermia: a					
	case report					
	anuscript number (if kno	wn): TRO-21-16				
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			ected by the content of the manuscript. Disclos			
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	e following questions ap rrent manuscript only.	oply to the author's rela	tionships/activities/interests as they relate to the	he		
Th	e author's relationships/	activities/interests sho	uld be <u>defined</u> <u>broadly</u> . For example, if your ma	anuscript		
			should declare all relationships with manufact			
an	tihypertensive medication	on, even if that medicati	on is not mentioned in the manuscript.			
In	item #1 below, report all	support for the work re	eported in this manuscript without time limit. F	or all		
otl	her items, the time frame	e for disclosure is the pa	ast 36 months.			
		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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		needed)	I planning of the work			
_		me frame: Since the initia	i planning of the work			
1	All support for the	X_None				
	present manuscript (e.g., funding, provision of					
	study materials, medical					
	writing, article processing					
	charges, etc.)					
	No time limit for this					
	item.					
		Time frame: past	: 36 months			
2	Grants or contracts from	XNone				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	X_None				
4	Consulting fees	X None				

Date:_2021/9/2_

5

Payment or honoraria for

_X__None

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

Date:_2021/9/2	
Your Name:_ Suzun Shaw	
Manuscript Title:_ Marked local and distant response of heavily treated breast cancer with cardiac metastases treated by combined low dose radiotherapy, low dose immunotherapy and hyperthermicase report Manuscript number (if known):_ TRO-21-16	a: a

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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)
		Ti	me frame: Since the initia	I 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.	_XNone	
			Time frame: past	36 months
2	2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
;	3	Royalties or licenses	_X_None	
4	4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus, manuscript writing or		
6	educational events Payment for expert	X None	
O	testimony		
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7	Support for attending meetings and/or travel	_XNone	
	9		
8	Patents planned, issued	X None	
	or pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_XNone	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
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Ple	ease summarize the abo	ve conflict of interest i	n the following box:
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me ca	Manuscript Title:_ Marked local and distant response of heavily treated breast cancer with cardiac metastases treated by combined low dose radiotherapy, low dose immunotherapy and hyperthermia: a case report Manuscript number (if known):_ TRO-21-16					
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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)			
	Ti	me frame: Since the initia	l 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.	XNone				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None				
3	Royalties or licenses	X_None				
4	Consulting fees	XNone				

Date:_2021/9/2_

Your Name: Ching-Jung Wu _

5	Payment or nonoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	_XNone	
	or pending		
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9	Participation on a Data Safety Monitoring Board	_XNone	
	or Advisory Board		
10	Leadership or fiduciary	_XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
	Stock of Stock options		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non- financial interests	X_None	
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	No conflict of interests.		
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Date:_2021/9/2
Your Name:_ Liang-Kuang Chen
Manuscript Title:_ Marked local and distant response of heavily treated breast cancer with cardiac metastases treated by combined low dose radiotherapy, low dose immunotherapy and hyperthermia: case report
Manuscript number (if known):_ TRO-21-16
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		Name all autition with	Considerations/Comments
		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)
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	study materials, medical writing, article processing		
	charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for	_XNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	_XNone
	ease summarize the abo	ve conflict of interest in the following box:

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In tha for rep	the interest of transpare at are related to the cont r-profit third parties who presents a commitment	ncy, we ask you to disc ent of your manuscript se interests may be affe to transparency and do	close all relationships/activities/interests listed. "Related" means any relation with for-profit of ected by the content of the manuscript. Discloses not necessarily indicate a bias. If you are in st, it is preferable that you do so.	r not- sure
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		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None		
3	Royalties or licenses	X_None		
4	Consulting fees	XNone		

Manuscript Title: Marked local and distant response of heavily treated breast cancer with cardiac

Date:_2021/9/2_

Your Name: Ho-Chi Hsu _

Payment or honoraria for

X_None

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	X None		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None		
13	Other financial or non- financial interests	XNone		
Please summarize the above conflict of interest in the following box: No conflict of interests.				

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tha for rep ab	at are related to the cont r-profit third parties who presents a commitment out whether to list a rela	ent of your manuscript se interests may be affe to transparency and do tionship/activity/interes	close all relationships/activities/interests listed. "Related" means any relation with for-profit of ected by the content of the manuscript. Discloses not necessarily indicate a bias. If you are inst, it is preferable that you do so.	r not- sure doubt
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		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None		
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

Date:_2021/9/2__

Your Name: Kwan-Hwa Chi ___

Payment or honoraria for | _X___None

	lectures, presentations, speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	_XNone		
7	Support for attending meetings and/or travel	_XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None		
13	Other financial or non- financial interests	X_None		
Please summarize the above conflict of interest in the following box:				
	No conflict of interests.			