Date:	2021/10/27	

Your Name: Pei-Yu Hou

Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast

cancer patients receiving modern radiotherapy in a tertiary institution

Manuscript number (if known):\_\_\_\_\_

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.

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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)
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.	me frame: Since the initiaXNone	r planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastX_NoneX_None	36 months
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
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	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	ove conflict of interest in of interest to declare.	the following box:
_>	·	_	nt to indicate your agreement: In and have not altered the wording of any of the

Date:	2021/	10/27
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Your Name: Yen-Wen Wu

Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast

cancer patients receiving modern radiotherapy in a tertiary institution

Manuscript number (if known):\_\_\_\_\_

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for lectures, presentations,	X_None			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued	X_None			
	or pending				
9	Participation on a Data	X None			
9	Participation on a Data Safety Monitoring Board	^_NONE			
	or Advisory Board				
10	Leadership or fiduciary	X None			
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	advocacy group, paid or				
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11	Stock or stock options	X_None			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X_None			
	financial interests				
PΙ	ase summarize the abo	ve conflict of interest in	the following box:		
	Please summarize the above conflict of interest in the following box:				
	The author has no conflicts of interest to declare.				
	Please place an ")	(" next to the following	statement to indicate your agreement:		

Date: 2021/10/27
Your Name: Le-Jung Wu
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast
cancer patients receiving modern radiotherapy in a tertiary institution
Manuscript number (if known):

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3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for	XNone	

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6	Payment for expert	X_None	
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7	Support for attending	X_None	
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8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	_XNone	
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10	Leadership or fiduciary	X_None	
	role in other board,		
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	advocacy group, paid or		
44	unpaid Stack or stack antions	V None	
11	Stock or stock options	X_None	
12	Receipt of equipment,	XNone	
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10	Services Other financial or non	V None	
13	Other financial or non- financial interests	X_None	
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	ease summarize the abo		n the following box:
Ple	ease place an "X" next to	the following stateme	ent to indicate your agreement:

Date: 2021/10/27
Your Name: Chen-Hsi Hsieh
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast
cancer patients receiving modern radiotherapy in a tertiary institution
Manuscript number (if known):

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3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for	XNone	

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	educational events				
6	Payment for expert	XNone			
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7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued	X_None			
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9	Participation on a Data	X None			
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10	Leadership or fiduciary	X_None			
	role in other board,				
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11	Stock or stock options	X None			
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12	Receipt of equipment,	X_None			
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	financial interests				
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716	Please place an "X" next to the following statement to indicate your agreement:				

Date: 2021/10/27
Your Name: Chen-Xiong Hsu
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast
cancer patients receiving modern radiotherapy in a tertiary institution
Manuscript number (if known):

0004/40/07

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	any entity (if not indicated				
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13	Other financial or non- financial interests	X_None		
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PΙ	ease place an "X" next to	the following stateme	nt to indicate your agreement:	
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Date: 2021/10/27
Your Name: Deng-Yu Kuo
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast
cancer patients receiving modern radiotherapy in a tertiary institution
Manuscript number (if known):

0004/40/07

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3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for	X None	

	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	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		
	Please summarize the above conflict of interest in the following box:  The author has no conflicts of interest to declare.			
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Date: 2021/10/27
Your Name: Yueh-Feng Lu
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast
cancer patients receiving modern radiotherapy in a tertiary institution
Manuscript number (if known):

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Date: 2021/10/27
Your Name: Hui-Ju Tien
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast cancer patients receiving modern radiotherapy in a tertiary institution  Manuscript number (if known):

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	testimony			
7	Support for attending meetings and/or travel	XNone		
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9	Participation on a Data	X_None		
	Safety Monitoring Board			
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10	Leadership or fiduciary	XNone		
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44	unpaid	V No.		
11	Stock or stock options	X_None		
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13	Other financial or non-	X_None		
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Date: 2021/10/27
Your Name: Hsin-Pei Yeh
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast
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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		
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Date: 2021/10/27
Your Name: Pei-Wei Shueng
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast
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Date: 2021/10/27	
Your Name: Bin S. Teh	
Manuscript Title: Initial experience of the implementation of a cardio-oncology program for breast	
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