1.

## **ICMJE DISCLOSURE FORM**

Date:15-09-2021	
Your Name:	Mohsin Khan
Manuscript Title: 5	ear Survival Outcomes With Two Different High Dose Rate Brachytherapy Schedules Used II
The Treatment Of Cerv	rical Carcinoma
Manuscript number (if	known): TRO-21-19

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 to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the 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 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)
	T	ime frame: Since the initia	l planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	

	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary	None	
-	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stady on stady antions	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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form.

## **ICMJE DISCLOSURE FORM**

Date:15-	-09-2021
Your Name:	MA Bilal Hussain
Manuscript	Title: 5 Year Survival Outcomes With Two Different High Dose Rate Brachytherapy Schedules Used I
The Treatme	ent Of Cervical Carcinoma
Manuscript	number (if known): TRO-21-19

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	T	ime 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,	None	
	article processing charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		

	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	None	
10	role in other board,	None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
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Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
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## ICMJE DISCLOSURE FORM

Date:15-09-2021	
Your Name: Shahid Ali Siddiqui	
Manuscript Title: 5 Year Survival Outcomes With Two Different High Dose Rate	
Brachytherapy Schedules Used In The Treatment Of Cervical Carcinoma	
Manuscript number (if known): TRO-21-19	

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		none (add rows as	
		needed)	
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	materials, medical writing,		
	article processing charges,		
	etc.)		
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	item.		
Tim	e frame: past 36 months		
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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11	Stock of Stock options	None	
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13	Other financial or non-	None	
	financial interests		
	Please summarize th	e above conflict of intere	est in the following box:
Г			
	None		

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Date:\_\_\_15-09-2021

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Royalties or licenses

Consulting fees

None

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Ma	anuscript number (if known)	: TRO-21-19							
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ра	rties whose interests may be	e affected by the content	of the manuscript. Disclosure represents a commitment						
to	transparency and does not i	necessarily indicate a bias	s. If you are in doubt about whether to list a						
rel	ationship/activity/interest,	it is preferable that you d	o so.						
Th	e following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current						
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	•		e <u>defined broadly</u> . For example, if your manuscript pertain						
			e all relationships with manufacturers of antihypertensive						
me	edication, even if that medic	ation is not mentioned in	the manuscript.						
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		•	ed in this manuscript without time limit. For all other iten	ıs,					
the	e time frame for disclosure i	s the past 36 months.		the time frame for disclosure is the past 36 months.					
		Name all entities with	Specifications/Comments						
			Specifications/Comments (e.g., if payments were made to you or to your						
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)						
		whom you have this	(e.g., if payments were made to you or to your						
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your						
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)						
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)						
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)						
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)						
11	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)						
11	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)						
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiNone	(e.g., if payments were made to you or to your institution)  al planning of the work						
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiNone  Time frame: pas	(e.g., if payments were made to you or to your institution)  al planning of the work						
11	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiNone	(e.g., if payments were made to you or to your institution)  al planning of the work						
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11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	Services Other financial or non-	None	
13	financial interests	None	
	initalicial interests		
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