

ICMJE DISCLOSURE FORM

Date: Feb. 10th, 2022

Your Name: Dai-Wei Liu

Manuscript Title: The risk of cardiovascular toxicity caused by cancer radiotherapy – A Narrative Review

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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.

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Time frame: Since the initial 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.	<u>__X__</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	
5		<u>__X__</u> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

☒ X ☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: Feb. 9th, 2022

Your Name: Yen Rong Fu

Manuscript Title: The risk of cardiovascular toxicity caused by cancer radiotherapy – A Narrative Review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Feb. 10th, 2022

Your Name: Shu-Hsin Liu

Manuscript Title: The risk of cardiovascular toxicity caused by cancer radiotherapy – A Narrative Review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Feb. 10th, 2022

Your Name: Michael Yu-Chih Chen

Manuscript Title: The risk of cardiovascular toxicity caused by cancer radiotherapy – A Narrative Review

Manuscript number (if known): _____

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Date: Feb. 10th, 2022

Your Name: Ren-Jun Hsu

Manuscript Title: The risk of cardiovascular toxicity caused by cancer radiotherapy – A Narrative Review

Manuscript number (if known): _____

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