Date:	5/16/2022	
Your Name:	Hsuan Ting Wang]	
Manuscript Title:	Feasibility assessment of proton treatment for ventricular tachycardia - treatment	
	planning study]	
Manuscript Number (if TRO 21-43 known):		
to the content of your manuscrinterests may be affected by the	we ask you to disclose all relationships/activities/interests listed below that are related ript. "Related" means any relation with for-profit or not-for-profit third parties whose ne content of the manuscript. Disclosure represents a commitment to transparency and a bias. If you are in doubt about whether to list a relationship/activity/interest, it is	
•	vities/interests should be defined broadly. For example, if your manuscript pertains to	

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.

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1	All support for the present	▼ None	
	manuscript (e.g., funding,		
	provision of		Click the tab key to add additional rows.
article processing charges, etc.)	medical writing, article processing charges, etc.) No time limit for		
		Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		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)
3	Royalties or licenses	✓ None	
4	Consulting fees	▼ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	▼ None	
6	Payment for expert testimony	▼ None	
7	Support for attending meetings and/or travel	▼ None	
8	Patents planned, issued or pending	▼ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None ■	
Plea	ase place an "X" r	next to the following statement to indicate your	agreement:

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

3 8/26/2021 ICMJE Disclosure Form

Date:	5/16/2022	
Your Name:	[Lung Sheng Wu]	
Manuscript Title:	Feasibility assessment of proton treatment for ventricular tachycardia - treatment planning study]	
Manuscript Number (if TRO 21-43 known):		
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The author's relationships/activ	vities/interests should be defined broadly. For example, if your manuscript pertains to	

The author's relationships/activities/interests should be defined broadly. 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.

			ne all entities with whom you have this tionship or indicate none (add rows as ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	ng of the work
1 All support for the present		X	None	
	manuscript (e.g., funding,			
	provision of study materials,			Click the tab key to add additional rows.
med artic prod char No t	medical writing, article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 mon	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
DI	()/7		

Date:	5/16/2022
Your Name:	Yung-Chih Chou]
Manuscript Title:	Feasibility assessment of proton treatment for ventricular tachycardia - treatment planning study]
Manuscript Number (if known):	TRO 21-43

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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 initial plant	ing of the work
1	All support for the present manuscript (e.g.,	▼ None	
	funding,		
	provision of		Click the tab key to add additional rows.
article processing charges, etc.)	medical writing, article processing charges, etc.) No time limit for		
		Time frame: past 36 mg	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None IX	

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None ■	
Plea	ase place an "X" r	next to the following statement to indicate your	agreement:

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

9 8/26/2021 ICMJE Disclosure Form

Date:	5/16/2022
Your Name:	Yung-Shin Yeh]
Manuscript Title:	Feasibility assessment of proton treatment for ventricular tachycardia - treatment planning study]
Manuscript Number (if known):	TRO 21-43

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			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	ng of the work
1	All support for the present	X	None	
	manuscript (e.g., funding,			
	provision of			Click the tab key to add additional rows.
study materials medical writing article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 mon	aths
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	

		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)
3	Royalties or licenses	✓ None	
4	Consulting fees	▼ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	▼ None	
6	Payment for expert testimony	▼ None	
7	Support for attending meetings and/or travel	▼ None	
8	Patents planned, issued or pending	▼ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
DI	(V)		

Date:	5/16/2022
Your Name:	Kun-Chi Yen]
Manuscript Title:	Feasibility assessment of proton treatment for ventricular tachycardia - treatment
	planning study]
Manuscript Number (if known):	TRO 21-43

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		Time frame: Since the initial plan	ning of the work
1	1 All support for the present manuscript (e.g.,	∡ None	
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		Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		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)
3	Royalties or licenses	✓ None	
4	Consulting fees	▼ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	▼ None	
6	Payment for expert testimony	▼ None	
7	Support for attending meetings and/or travel	▼ None	
8	Patents planned, issued or pending	▼ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Dia	ooo plooo on "V" r	east to the following etatement to indicate your	agraement.

Date:	5/16/2022
Your Name:	Joseph Tung-Chieh Chang]
Manuscript Title:	Feasibility assessment of proton treatment for ventricular tachycardia - treatment
-	planning study
Manuscript Number (if known):	TRO 21-43

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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3	Royalties or licenses	■ None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		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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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Dla	oos place on "V" n	east to the following etatement to indicate your	a a va a m a n t

Date:	5/16/2022	
Your Name:	Hsiao-Chieh Huang]	
Manuscript Title:	Feasibility assessment of proton treatment for ventricular tachycardia - treatment planning study]	
Manuscript Number (if known):	TRO 21-43	

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	funding,					
	provision of		Click the tab key to add additional rows.			
	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).	None ☑				

		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)
3	Royalties or licenses	None ■	
4	Consulting fees	▼ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	▼ None	
6	Payment for expert testimony	▼ None	
7	Support for attending meetings and/or travel	▼ None	
8	Patents planned, issued or pending	▼ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

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	other board, society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Dla	Places place on "Y" poyt to the following statement to indicate your agreement:				