### ICMJE DISCLOSURE FORM

Date: Nov. 14<sup>th</sup>, 2022 Your Name: Yun-Yun Weng Manuscript Title: The Third Irradiation to the Recurrent Nasopharyngeal Carcinoma with Magnetic Resonance Imageguided Stereotactic Body Radiation Therapy: A Case Report Manuscript number (if known): TRO-22-38

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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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: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None   |   |
| З | Royalties or licenses  | X_None   |   |
| 4 | Consulting fees  | XNone  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events | XNone  |  |
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| 6  | Payment for expert testimony   | XNone  |  |
| 7  | Support for attending meetings and/or travel   | XNone  |  |
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| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board  | XNone  |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid               | XNone  |  |
| 11 | Stock or stock options   | XNone  |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                                | X_None |  |
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None.

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\_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: Nov. 14<sup>th</sup>, 2022 Your Name: Frank Chen Manuscript Title: The Third Irradiation to the Recurrent Nasopharyngeal Carcinoma with Magnetic Resonance Imageguided Stereotactic Body Radiation Therapy: A Case Report Manuscript number (if known): TRO-22-38

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|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None   |   |
| З | Royalties or licenses  | X_None   |   |
| 4 | Consulting fees  | XNone  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events | XNone  |  |
|----|--|--------|--|
| 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<br>Safety Monitoring Board or<br>Advisory Board  | XNone  |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid               | XNone  |  |
| 11 | Stock or stock options   | XNone  |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                                | X_None |  |
| 13 | Other financial or non-<br>financial interests   | XNone  |  |

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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: Nov 14<sup>th</sup>, 2022 Your Name: Chih-Jen Huang Manuscript Title: The Third Irradiation to the Recurrent Nasopharyngeal Carcinoma with Magnetic Resonance Imageguided Stereotactic Body Radiation Therapy: A Case Report Manuscript number (if known): TRO-22-38

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|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

| 5  | Payment or honoraria for                              | XNone                  |  |
|----|---|------------------------|--|
|    | lectures, presentations,                              |                        |  |
|    | speakers bureaus,                                     |                        |  |
|    | manuscript writing or<br>educational events           |                        |  |
| 6  | Payment for expert                                    | X None                 |  |
|    | testimony   |                        |  |
|    | ,   |                        |  |
| 7  | Support for attending<br>meetings and/or travel       | XNone                  |  |
|    | C /   |                        |  |
|    |   |                        |  |
| 8  | Patents planned, issued or                            | XNone                  |  |
|    | pending   |                        |  |
|    |   |                        |  |
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| 11 | Stock or stock options                                | XNone                  |  |
|    |   |                        |  |
|    |   |                        |  |
| 12 | Receipt of equipment,                                 | XNone                  |  |
|    | materials, drugs, medical                             |                        |  |
|    | writing, gifts or other services                      |                        |  |
| 13 | Other financial or non-                               | XNone                  |  |
|    | financial interests                                   |                        |  |
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