

ICMJE DISCLOSURE FORM

Date: 4/22/2022

Your Name: [RAZAN AMJAD]

Manuscript Title: [Migration of Calypso beacon transponders for hepatic stereotactic body radiotherapy: a study of two case reports]

Manuscript Number (if known): ACR-22-6

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" 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.

ICMJE DISCLOSURE FORM

Date: 4/29/2022

Your Name: [Youstina Soliman]

Manuscript Title: [Migration of Calypso beacon transponders for hepatic stereotactic body radiotherapy: a study of two case reports]

Manuscript Number (if known): ACR-22-6

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/14/2022

Your Name: [Michael Ashley Pereira]

Manuscript Title: [Migration of Calypso beacon transponders for hepatic stereotactic body radiotherapy: a study of two case reports]

Manuscript Number (if known): ACR-22-6

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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ICMJE DISCLOSURE FORM

Date: 4/29/2022

Your Name: Alessandra Cassano-Bailey

Manuscript Title: Migration of Calypso beacon transponders for hepatic stereotactic body radiotherapy: a study of two case reports

Manuscript Number (if known): ACR-22-6

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Date: 4/29/2022

Your Name: [Mark Vivian]

Manuscript Title: [Migration of Calypso beacon transponders for hepatic stereotactic body radiotherapy: a study of two case reports]

Manuscript Number (if known): ACR-22-6

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" 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.

ICMJE DISCLOSURE FORM

Date: 4/28/2022

Your Name: Sankar Venkataramann

Manuscript Title: Migration of Calypso beacon transponders for hepatic stereotactic body radiotherapy: a study of two case reports

Manuscript Number (if known): ACR-22-6

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 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.

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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ICMJE DISCLOSURE FORM

Date: 4/28/2022

Your Name: [MAGED NASHED]

Manuscript Title: [Migration of Calypso beacon transponders for hepatic stereotactic body radiotherapy: a study of two case reports]

Manuscript Number (if known): ACR-22-6

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