

## ICMJE DISCLOSURE FORM

Date: 2024.6.21 \_\_\_\_\_

Your Name: Wei Li \_\_\_\_\_

Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature \_\_\_\_\_

Manuscript number (if known): ACR-24-88 \_\_\_\_\_

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ <input checked="" type="checkbox"/> __ None	
3	Royalties or licenses	__ <input checked="" type="checkbox"/> __ None	
4	Consulting fees	__ <input checked="" type="checkbox"/> __ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <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:

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: 2024.6.21 \_\_\_\_\_

Your Name: Fengjun Lou \_\_\_\_\_

Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature \_\_\_\_\_

Manuscript number (if known): ACR-24-88 \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024.6.21  
 Your Name: Lijun Zhai  
 Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature  
 Manuscript number (if known): ACR-24-88

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Date: 2024.6.21 \_\_\_\_\_

Your Name: Meina Piao \_\_\_\_\_

Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature \_\_\_\_\_

Manuscript number (if known): ACR-24-88 \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024.6.21  
 Your Name: Yinju Zhu  
 Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature  
 Manuscript number (if known): ACR-24-88

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## ICMJE DISCLOSURE FORM

Date: 2024.6.21 \_\_\_\_\_

Your Name: Shiyu Liu \_\_\_\_\_

Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature \_\_\_\_\_

Manuscript number (if known): ACR-24-88 \_\_\_\_\_

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Date: 2024.6.21 \_\_\_\_\_

Your Name: Ke Li \_\_\_\_\_

Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024.6.21  
 Your Name: Liang Chen  
 Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature  
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## ICMJE DISCLOSURE FORM

Date: 2024.6.21 \_\_\_\_\_

Your Name: Huankun Wang \_\_\_\_\_

Manuscript Title: HyperArc radiotherapy for recurrent synovial sarcoma of infratemporal fossa: a rare case report and review of the literature \_\_\_\_\_

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7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <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:

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