ICMJE DISCLOSURE FORM

Date: 2021.08.07
Your Name: Xue jiang
Manuscript Title: RefineNet-based automatic delineation of the clinical target volume and organs at risk for three-dimensional brachytherapy for cervical cancer
Manuscript number (if known): ATM-21-4074

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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|   | **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.) | **None**                                                                                                          |
|   | **No time limit for this item.**                                                                 |                                                                                                                  |
|   | **Time frame: past 36 months**                                                                  |                                                                                                                  |
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| 3 | Royalties or licenses                                                                             | **None**                                                                                                          |
| 4 | Consulting fees                                                                                  | **None**                                                                                                          |
|   |                                                                 |   |
|---|------------------------------------------------------------------|---|
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| 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 other board, society, committee or advocacy group, paid or unpaid | None |
|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 |

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Your Name: Fang Wang

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Date: 2021.08.07

Your Name: Ying Chen

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