**ICMJE DISCLOSURE FORM**

**Date:** _____ Sep. 27th, 2021  
**Your Name:** _____ Zhiqiang Li  

**Manuscript Title:** Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study  
**Manuscript number (if known):**  

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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 planning of the work**  |  |  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.). No time limit for this item. | _X_ None |
| **Time frame: past 36 months**  |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None  
| 3 | Royalties or licenses | _X_ None  
| 4 | Consulting fees | _X_ 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: |
|   | __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: _____ Sep. 27\textsuperscript{th}, 2021
Your Name: Hui Duan
Manuscript Title: Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study
Manuscript number (if known):

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|    | 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) |
|----|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None  
No time limit for this item. |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None  |
| 3  | Royalties or licenses                                                                         | _X_ None |
| 4  | Consulting fees                                                                              | _X_ None |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ | None |
| 6 | Payment for expert testimony                                                | _X_ | None |
| 7 | Support for attending meetings and/or travel                                 | _X_ | None |
| 8 | Patents planned, issued or pending                                          | _X_ | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ | None |
| 11| Stock or stock options                                                       | _X_ | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ | None |
| 13| Other financial or non-financial interests                                   | _X_ | 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:

_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:____Sep. 27th, 2021________________________________________________________
Your Name:____Jianxin Guo_____________________________________________________
Manuscript Title:Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study____
Manuscript number (if known):__________________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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) |
|---|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None                                                                                  |
|   | **Time frame: Since the initial planning of the work**                                        |                                                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | __X__ None                                                                                  |
| 3 | Royalties or licenses                                                                         | __X__ None                                                                                  |
| 4 | Consulting fees                                                                               | __X__ None                                                                                  |
|   | **Time frame: past 36 months**                                                                |                                                                                      |
|   | Statement                                                                 | X   |
|---|---------------------------------------------------------------------------|-----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,       | X   |
|   | manuscript writing or educational events                                  | None|
| 6 | Payment for expert testimony                                              | X   |
| 7 | Support for attending meetings and/or travel                              | X   |
| 8 | Patents planned, issued or pending                                        | X   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | X   |
| 10| Leadership or fiduciary role in other board, society, committee or        | X   |
|   | advocacy group, paid or unpaid                                            | None|
| 11| Stock or stock options                                                    | X   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other   | X   |
|   | services                                                                   | None|
| 13| Other financial or non-financial interests                                 | X   |

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:

__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:_______Sep. 27th, 2021___________________________
Your Name:_____Ying Yang ________________________________
Manuscript Title:___Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study___
Manuscript number (if known):________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __X__ None  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __X__ None  |
| 3 | Royalties or licenses                                                                       | __X__ None  |
| 4 | Consulting fees                                                                           | __X__ 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:

__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: _____ Sep. 27th, 2021
Your Name: Wuliang Wang
Manuscript Title: Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study
Manuscript number (if known):

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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 planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __X__ None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Conflict of Interest                                                                 | X | None |
|---|--------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                         | X | None |
| 7 | Support for attending meetings and/or travel                                          | X | None |
| 8 | Patents planned, issued or pending                                                    | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                     | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                                | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services       | X | None |
| 13| Other financial or non-financial interests                                             | X | 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:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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 planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | **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). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | _X_ None |
|   | manuscript writing or educational events                                    |        |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                           | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | _X_ None |
|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | _X_ None |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | _X_ 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:

___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:____Sep. 27th, 2021____

Your Name:________ Weili Li

Manuscript Title:_Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study___

Manuscript number (if known):

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | **No time limit for this item.** | |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |

**Time frame: past 36 months**
| No. | Description                                                                 | X | None |
|-----|------------------------------------------------------------------------------|----|------|
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6   | Payment for expert testimony                                                  | X | None |
| 7   | Support for attending meetings and/or travel                                  | X | None |
| 8   | Patents planned, issued or pending                                           | X | None |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11  | Stock or stock options                                                        | X | None |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13  | Other financial or non-financial interests                                    | X | 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:

__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:______Sep. 27th, 2021
Your Name:________ Pengfei Li
Manuscript Title:_Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study__
Manuscript number (if known):__________________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                             |
|   | No time limit for this item.                                                                   |                                                                                   |
|   | Time frame: Since the initial planning of the work                                             |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X None                                                                             |
| 3 | Royalties or licenses                                                                          | X None                                                                             |
| 4 | Consulting fees                                                                                | X None                                                                             |
|   | Time frame: past 36 months                                                                     |                                                                                   |
|   | Description                                                                 | _X_ None |
|---|------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                       | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                   | _X_ 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:

_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:____Sep. 27th, 2021______________________________________________________
Your Name:________Xiaonong Bin____________________________________________
Manuscript Title: _Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study__
Manuscript number (if known):__________________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X__None                                                                         |
|   | 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).                        | _X__None                                                                         |
| 3 | Royalties or licenses                                                                            | _X__None                                                                         |
| 4 | Consulting fees                                                                                 | _X__None                                                                         |
|   |   |   |
|---|---|---|
| **5** | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | _X_ None |
| **6** | **Payment for expert testimony** | _X_ None |
| **7** | **Support for attending meetings and/or travel** | _X_ None |
| **8** | **Patents planned, issued or pending** | _X_ None |
| **9** | **Participation on a Data Safety Monitoring Board or Advisory Board** | _X_ None |
| **10** | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | _X_ None |
| **11** | **Stock or stock options** | _X_ None |
| **12** | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | _X_ None |
| **13** | **Other financial or non-financial interests** | _X_ 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:

_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: _______ Sep. 27th, 2021
Your Name: _______ Jinghe Lang
Manuscript Title: Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study
Manuscript number (if known): __________________________________________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                        |
|   | No time limit for this item.                                                                    |                                                                                  |

Time frame: Since the initial planning of the work

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                        |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                        |
| 4 | Consulting fees                                                                               | _X_ None                                                                        |

Time frame: past 36 months
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                               | X | None |
| 7 | Support for attending meetings and/or travel                                | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                  | X | 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:

__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:_____Sep. 27th, 2021________________________________________________________

Your Name:________ Ping Liu ________________________________________________________________________________________

Manuscript Title:________ Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study __

Manuscript number (if known): ________________________________________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

|   | 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 planning of the work**                                        |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | \_X\_ None                                                                       |
|   |                                                                                              |                                                                                  |
|   |                                                                                              |                                                                                  |
|   |                                                                                              |                                                                                  |
|   |                                                                                              |                                                                                  |
|   |                                                                                              |                                                                                  |
|   |                                                                                              |                                                                                  |
|   |                                                                                              |                                                                                  |
|   | **Time frame: past 36 months**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | \_X\_ None                                                                       |
|   |                                                                                              |                                                                                  |
| 3 | Royalties or licenses                                                                         | \_X\_ None                                                                       |
|   |                                                                                              |                                                                                  |
| 4 | Consulting fees                                                                              | \_X\_ None                                                                       |
|   |                                                                                              |                                                                                  |
|   | Conflict of Interest                                                                 | Confirmation |
|---|--------------------------------------------------------------------------------------|-------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X_None    |
| 6 | Payment for expert testimony                                                           | __X_None    |
| 7 | Support for attending meetings and/or travel                                           | __X_None    |
| 8 | Patents planned, issued or pending                                                     | __X_None    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                      | __X_None    |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X_None    |
| 11| Stock or stock options                                                                 | __X_None    |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services       | __X_None    |
| 13| Other financial or non-financial interests                                              | __X_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:

__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: _____Sep. 27th, 2021______________________________________________________________
Your Name: __________ Chunlin Chen_________________________________________________________________
Manuscript Title: _Discussion on the rationality of FIGO 2018 stage IIIC for cervical cancer with oncological outcomes: a cohort study__
Manuscript number (if known): __________________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

| Time frame: Since the initial planning of the work | Time frame: past 36 months |
|-------------------------------------------------|---------------------------|
| 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) |
| 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
| _No time limit for this item._ | |
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 Royalties or licenses | _X_ None |
| 4 Consulting fees | _X_ None |
|   | Description                                                                 | X | None |
|---|-------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ | None |
| 6 | Payment for expert testimony                                                  | __X__ | None |
| 7 | Support for attending meetings and/or travel                                  | __X__ | None |
| 8 | Patents planned, issued or pending                                            | __X__ | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | __X__ | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ | None |
|11 | Stock or stock options                                                        | __X__ | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ | None |
|13 | Other financial or non-financial interests                                     | __X__ | 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:

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