ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Information

1. Given Name (First Name)  
Yen-Ting

2. Surname (Last Name)  
Liu

3. Date  
03-April-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Chao-Yuan Huang

5. Manuscript Title  
Radiation-Induced Sacral Insufficiency Fracture in Endometrial Cancer Patient after Adjuvant Radiotherapy

6. Manuscript Identifying Number (if you know it)

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☐ Yes  ✔ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Sung-Hsin
2. Surname (Last Name)  Kuo
3. Date  03-April-2020
4. Are you the corresponding author?  [Yes]  [No]  ✔
   Corresponding Author’s Name  Chao-Yuan Huang
5. Manuscript Title  Radiation-Induced Sacral Insufficiency Fracture in Endometrial Cancer Patient after Adjuvant Radiotherapy
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
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Dr. Kuo has nothing to disclose.

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<table>
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<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Ting-Chen</td>
<td>Chang</td>
<td>03-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

Chao-Yuan Huang

5. Manuscript Title

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1. Given Name (First Name) Chao-Yuan
2. Surname (Last Name) Huang
3. Date 03-April-2020
4. Are you the corresponding author? Yes ✔ No
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