

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hsin-Lin	2. Surname (Last Name) Chen	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying-Hsiang Chou
5. Manuscript Title Patients with Cervical Cancer without Visceral Obesity had Better Treatment Outcomes		
6. Manuscript Identifying Number (if you know it) TRO-20-22		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Chen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Cheng-Ting	2. Surname (Last Name) Shih	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying-Hsiang Chou
5. Manuscript Title Patients with Cervical Cancer without Visceral Obesity had Better Treatment Outcomes		
6. Manuscript Identifying Number (if you know it) TRO-20-22		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Shih has nothing to disclose.

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1. Given Name (First Name) Yueh-Chun	2. Surname (Last Name) Lee	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying-Hsiang Chou
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1. Given Name (First Name) Hsien-Chun	2. Surname (Last Name) Tseng	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying-Hsiang Chou
5. Manuscript Title Patients with Cervical Cancer without Visceral Obesity had Better Treatment Outcomes		
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1. Given Name (First Name)

Ying-Hsiang

2. Surname (Last Name)

Chou

3. Date

22-June-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

TRO-20-22

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