

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lauren	2. Surname (Last Name) Linkowski	3. Date 15-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name G. Daniel Grass
5. Manuscript Title A Narrative Review of Radiation-Related Malignancy in the Pelvis		
6. Manuscript Identifying Number (if you know it) _____		

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Linkowski has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Brandon

2. Surname (Last Name)

Manley

3. Date

15-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

A Narrative Review of Radiation-Related Malignancy in the Pelvis

6. Manuscript Identifying Number (if you know it)

### 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Manley has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Johnstone	3. Date 15-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title A Narrative Review of Radiation-Related Malignancy in the Pelvis		
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Huron Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Johnstone reports personal fees from Huron Consulting, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
George

2. Surname (Last Name)  
Grass

3. Date  
15-October-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
A Narrative Review of Radiation-Related Malignancy in the Pelvis

6. Manuscript Identifying Number (if you know it)

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Dr. Grass has nothing to disclose.

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