

### AUTHOR DECLARATION FORM

Name of Journal: World Journal of Gastrointestinal Surgery  
 Title: Endoscopic treatment of chronic radiation proctopathy

#### CONFLICT OF INTEREST DISCLOSURES

| Category of potential conflict of interest   | If you have had any of the listed relationships with an entity that has a financial interest in the subject matter discussed in this manuscript, please check the appropriate "Yes" box below and provide details. If you do not have a listed relationship, please check the appropriate "No" box. When completing this section, please take into account the last 36 months through to the foreseeable future. |         | Details |
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| Consulting fees or honorarium  | ✓  |         |         |
| Support for travel to meetings for the study, manuscript preparation or other purposes | ✓  |         |         |
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| Royalties  | ✓  |         |         |
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I have no conflicts of interest to declare, OR

**Declaration:** I certify that I have fully read and fully understood this form, and that the information that I have presented here is accurate and complete to the best of my knowledge.

Name: Luciano Lenz

Signature: Luciano Lenz Date: 29/08/2015

Name: Rachel Rohr

Signature: Rachel Rohr Date: 29/08/2015

Name: Frank Nakao

Signature: Frank Nakao Date: 29/08/2015

Name: Ermelindo Libera

Signature: Ermelindo Libera Date: 29/08/15

Name: Angelo Ferrari

Signature: Angelo Ferrari Date: 29/08/2015