

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
	No (✓)	Yes (✓)	
Employment	✓		
Grant received/grants pending	✓		
Consulting fees or honorarium	✓		
Support for travel to meetings for the study, manuscript preparation or other purposes	✓		
Fees for participation in review activities such as data monitoring boards, etc	✓		
Payment for writing or reviewing the manuscript	✓		
Royalties	✓		
Other (err on the side of full disclosure)	✓		

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.

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