12/25/2023

Your Name:			MARIANNE YUMI NAKAI		
Manuscript Title:			Transoral Endoscopic vestibular approach Sistrunk Procedure — TEVAS — Case report and scoping review		
Mar	nuscript Number (if I	known):			
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/ es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X N	one		
3	Royalties or licenses	X N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None ■	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Lectures for DMC	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	▼ None	
13	Other financial or non-financial interests	None ■	

12/25/2023

Your Name:			LUCAS RIBEIRO TENÓRIO		
Manuscript Title:			Transoral Endoscopic vestibular approach Sis review	strunk Procedure — TEVAS — Case report and scoping	
Ma	nuscript Number (if k	known):			
con affe indi	tent of your manuscrected by the content of cate a bias. If you are	ript. "Rela of the ma e in doub	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity,	/interest, it is preferable that you do so.	
epi	-	ension, yo	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th		· · · · · · · · · · · · · · · · · · ·	vithout time limit. For all other items, the time	
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	X N	one	Click the tab key to add additional rows.	
	this item.				
2	Grants or contracts from any entity (if not indicated in item #1 above).	X N	Time frame: past 36 month		
3	Royalties or licenses	X N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	⊠ None	
	traver		
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring	☒ None	
	Board or Advisory Board		
10	Leadership or fiduciary role in other board,	X None	
	society, committee or advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	▼ None	
13	Other financial or non-financial interests	None ■	

Date:			12/25/2023		
Your Name:			Jéssica da Silva Camarinha Oliveira		
Manuscript Title:			Transoral Endoscopic vestibular approach Sis review	trunk Procedure — TEVAS — Case report and scoping	
Maı	nuscript Number (if	known):			
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epic		ension, yo	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X N	lone	Click the tab key to add additional rows.	
			Time frame: past 36 month	is	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X N	lone		
3	Royalties or licenses	X N	lone		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	▼ None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or	■ None	
	Advisory Board		
10	Leadership or fiduciary role in other board,	■ None ■	
	society, committee or advocacy group,		
	paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	⊠ None	

12/25/2023

Your Name:			Laura Basso Ghirardello	
Manuscript Title:			Transoral Endoscopic vestibular approach Sis review	trunk Procedure — TEVAS — Case report and scoping
Mar	nuscript Number (if k	(nown):		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiticepidemiology of hypertension, you that medication is not mentioned.			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity, as/interests should be defined broadly. For each should declare all relationships with manufanthe manuscript.	interest, it is preferable that you do so.
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X No	ne	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	X No	one	
3	Royalties or licenses	× No	ne	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	⊠ None	
	traver		
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring	☒ None	
	Board or Advisory Board		
10	Leadership or fiduciary role in other board,	X None	
	society, committee or advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	▼ None	
13	Other financial or non-financial interests	None ■	

12/25/2023

Your Name:			Isabela Rabelo Cavalcanti		
Manuscript Title:			Transoral Endoscopic vestibular approach Sistrunk Procedure — TEVAS — Case report and scoping review		
Mar	nuscript Number (if k	known):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activities."			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each as should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so.	
	ne for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	is	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X No	one		
3	Royalties or licenses	× No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring	☒ None	
	Board or Advisory Board		
10	Leadership or fiduciary role in other board,	X None	
	society, committee or advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	⊠ None	

Date:			12/25/2023			
Your Name:		·	JONATHON OWEN RUSSELL			
Manuscript Title:			Transoral Endoscopic vestibular approach Sis review	trunk Procedure — TEVAS — Case report and scoping		
Mai	nuscript Number (if l	known):				
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epic	-	ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36			·	ithout time limit. For all other items, the time		
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			inp or maistate none (aud rows as necessary	made to you or to your matitution,		
			Time frame: Since the initial planning			
1	All support for the present manuscript (e.g., funding provision					
1	present manuscript (e.g., funding, provision of study		Time frame: Since the initial planning			
1	present manuscript (e.g., funding, provision		Time frame: Since the initial planning			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		Time frame: Since the initial planning			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article		Time frame: Since the initial planning	of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	⊠ No	Time frame: Since the initial planning	of the work Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None
4	Consulting fees	□ None Consultant for Baxter scientific
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None Expert testimony for Baxter Scientific
7	Support for attending meetings and/or travel	None None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or	⊠ None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	⊠ None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing,	⊠ None	
	gifts or other services		
13	Other financial or non-financial interests	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
⊠ x	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

12/25/2023

Your Name:			Samantha A. Wolfe		
Manuscript Title:			Transoral Endoscopic vestibular approach Sistrunk Procedure — TEVAS — Case report and scoping review		
Mar	nuscript Number (if I	known):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/ es/interests should be defined broadly. For e u should declare all relationships with manufa	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	is .	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X No	one		
3	Royalties or licenses	X No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring	☒ None	
	Board or Advisory Board		
10	Leadership or fiduciary role in other board,	X None	
	society, committee or advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	⊠ None	

12/25/2023

Your Name:			Victoria E. Banuchi		
Manuscript Title:			Transoral Endoscopic vestibular approach Sis review	trunk Procedure — TEVAS — Case report and scoping	
Mar	nuscript Number (if k	known):			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmen about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X No	one		
3	Royalties or licenses	× No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring	☒ None	
	Board or Advisory Board		
10	Leadership or fiduciary role in other board,	X None	
	society, committee or advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	None ■ None ■ None ■ None ■ None ■ None None	

12/25/2023

Your Name:			MARCELO BENEDITO MENEZES	
Manuscript Title:			Transoral Endoscopic vestibular approach Sis review	trunk Procedure — TEVAS — Case report and scoping
Ma	Manuscript Number (if known):			
con affe indi	tent of your manuscrected by the content cate a bias. If you ar	ript. "Rela of the ma re in doub ps/activiti	ated" means any relation with for-profit or no inuscript. Disclosure represents a commitmer it about whether to list a relationship/activity, ies/interests should be defined broadly. For e	/interest, it is preferable that you do so. example, if your manuscript pertains to the
	t medication is not m		•	acturers of antihypertensive medication, even if
	tem #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	× N	lone	Click the tab key to add additional rows.
	processing charges, etc.) No time limit for this item.			
			Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	X N	lone	
3	Royalties or licenses	X N	lone	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	☒ None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
	traver		
8	Patents planned, issued or pending	■ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	■ None	
	society, committee or advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	None ■ None ■ None ■ None ■ None ■ None None	

12/25/2023

Your Name: Manuscript Title: Manuscript Number (if known):			ANTONIO JOSE GOÇALVES		
			Transoral Endoscopic vestibular approach Sistrunk Procedure — TEVAS — Case report and scoping review		
		known):			
con affe indi	tent of your manuscrected by the content icate a bias. If you ar	ript. "Rel of the ma e in doub	ated" means any relation with for-profit or no inuscript. Disclosure represents a commitmer it about whether to list a relationship/activity,	/interest, it is preferable that you do so.	
epi		ension, yo	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	X N	lone	Click the tab key to add additional rows.	
	this item.				
_			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not	X N	lone		
	indicated in item #1 above).				
3	Royalties or licenses	X N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	☒ None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
	traver		
8	Patents planned, issued or pending	■ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	■ None	
	society, committee or advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	▼ None	
13	Other financial or non-financial interests	None	