ICMJE DISCLOSURE FORM

Date: 31/05/23

Your Name: Yu Jin Jeong

Manuscript Title: Epidemiology, staging and management of mucosal melanomas of the head and

neck: A narrative review

Manuscript number (if known): CCO-23-16

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
4	Consulting lees	NOTE	
5	Payment or honoraria for	None	
	lectures, presentations,		

	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 Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to report.

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.

ICMJE DISCLOSURE FORM

Date:	_31 st May 2023
Your Name:_	John F Thompson
Manuscript T	itle: Epidemiology, staging and management of mucosal melanomas of the head and
neck: A na	rrative review
Manuscript r	number (if known): CCO-23-16

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		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)
		Time frame: Since the initia	l 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NHMRC	JFT was a recipient of a Program Grant from the Australian National Health and Medical Research Council.
3	Royalties or licenses	XNone	
4	Consulting fees	None	JFT has received honoraria for advisory board participation from BMS Australia, MSD Australia, GSK and Provectus Inc, and travel and conference support from

			GSK, Provectus Inc and Novartis.
_			
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		JFT has received honoraria for advisory
	manuscript writing or educational events		board participation from BMS Australia, MSD Australia, GSK and Provectus Inc, and travel and conference support from GSK, Provectus Inc and Novartis.
-	D 15	V N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	None	JFT has received honoraria for advisory board participation from BMS Australia, MSD Australia, GSK and Provectus Inc, and travel and conference support from GSK, Provectus Inc and Novartis.
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
J	Safety Monitoring Board or	XNone	
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

JFT has received honoraria for advisory board participation from BMS Australia, MSD Australia, GSK and Provectus Inc, and travel and conference support from GSK, Provectus Inc and Novartis.

Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:	
_X	I certify that I have answ form.	vered every question and h	ave not altered the wording of any of the questions on t	his
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Ma	ur Name:Sydney	ony staning and man	agement of mucosal melanomas of the head	and
	eck: A narrative review		agement of madosal metanomas of the nead	una
_	anuscript number (if known)			
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rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertainall relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other ite	ms,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	X None		
	manuscript (e.g., funding,			

Time frame: past 36 months

provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.

2	Grants or contracts from	XNone	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Datants planned issued or	X None	
0	Patents planned, issued or	XNone	
	pending		
9	Darticipation on a Data	V None	
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	•	V. None	
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	V. None	
12		XNone	
	materials, drugs, medical writing, gifts or other		
	services		
12	Other financial or non-	V None	
13	financial interests	XNone	
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SC has no conflicts to disclose.

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