Date:	June	e 26 th , 2023		
Your I	Name: _	Sayena Jabbehdari		
Manu	script Ti	tle: Vismodegib as an	Adjuvant Treatment for Periorbital Basal Cell Carcinoma: A	A Case
Repo	rt and l	Review of Literature		
Manu	script nu	ımber (if known):		

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</u> <u>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 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	ı	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
.		
Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
	X None	
occon or occon op none		
Possint of aguinment	V None	
_		
Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

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

None.			

Please place an "X" next to the following statement to indicate your agreement:

Da	te: <u>June 26th, 2023</u>			
	ur Name:Manasa Ve	luvolu		
			ment for Periorbital Basal Cell Carcinoma: A Case	
	eport and Review of Lite			
Ma	anuscript number (if knowr	n):		
rel pa to	ated to the content of you rties whose interests may b	manuscript. "Related" me be affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a	
	e following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current	
to me	the epidemiology of hyperedication, even if that medi	tension, you should declard cation is not mentioned in upport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other item	
		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	, and the second	
		needed)		
		Time frame: Since the initia	al planning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone		
	processing charges, etc.) No time limit for this item.			
		Time frame: pas	st 36 months	

Grants or contracts from

in item #1 above).

Royalties or licenses

3

any entity (if not indicated

X_None

X__None

4	Consulting fees	XNone				
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone				
6	Payment for expert testimony	XNone				
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or pending	XNone				
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone				
11	Stock or stock options	XNone				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None				
13	Other financial or non- financial interests	XNone				
Ple	Please summarize the above conflict of interest in the following box:					

Please place an "X" next to the following statement to indicate your agreement:

None.

Da	te: <u>June 26th, 2023</u>		
	ur Name: Tom Kornh	auser	
			ment for Periorbital Basal Cell Carcinoma: A Case
	eport and Review of Lite	_	
Ma	anuscript number (if known):	
rela pai to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to me In i	the epidemiology of hypertedication, even if that medi	ension, you should declard cation is not mentioned in apport for the work report	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. The manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al 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.	XNone	
		Time frame: pas	t 26 months

Grants or contracts from

in item #1 above).

Royalties or licenses

3

any entity (if not indicated

X_None

X__None

4	Consulting fees	XNone				
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone				
6	Payment for expert testimony	XNone				
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or pending	XNone				
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone				
11	Stock or stock options	XNone				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None				
13	Other financial or non- financial interests	XNone				
Ple	Please summarize the above conflict of interest in the following box:					

Please place an "X" next to the following statement to indicate your agreement:

None.

Da	te: <u>June 26th, 2023</u>			
Yo	ur Name:Thomas A	Jennings		
Ma	anuscript Title Vismodegib	as an Adjuvant Treatr	ment for Periorbital Basal Cell Carcinoma: A Case	
Re	eport and Review of Liter	rature		
Ma	anuscript number (if known)):		
rel to rel Th ma	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hyperte	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive	
In	edication, even if that medic item #1 below, report all su e time frame for disclosure i	pport for the work reporte	the manuscript. ed in this manuscript without time limit. For all other item	ıs,
		Name all entities with	Specifications/Comments	
		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	al 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: pas	t 26 months	
2	Grants or contracts from	X None	at 30 months	
_	Statics of contracts from			
	any entity (if not indicated			
	any entity (if not indicated in item #1 above).			

Consulting fees

X__None

4

	ı	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
.		
Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
	X None	
occon or occon op none		
Possint of aguinment	V None	
_		
Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

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

None.			

Please place an "X" next to the following statement to indicate your agreement:

Dat	e: <u>June 26th, 2023</u>			
Υου	ır Name:John D. Per	mberton		
	nuscript Title: Vismodegil port and Review of Lite	•	ment for Periorbital Basal Cell Carcinoma: A Case	
Ma	nuscript number (if known):		
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to t med	he epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in apport for the work reporte	e defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items	
		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	al 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.	XNone		
		Time frame: pas	t 36 months	
: T	Grants or contracts from	XNone		

any entity (if not indicated

X__None

in item #1 above).
Royalties or licenses

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone
Please summarize the above conflict of interest in the following box:		

Please place an "X" next to the following statement to indicate your agreement:

None.