

#### **Instructions**

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Heng 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Yu	2. Surname (Last Name) Heng		3. Date 07-November-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Lei Tao	me
5. Manuscript Title Risk Stratification and Corresponding P Pyriform Sinus Squamous Cell Carcinon 6. Manuscript Identifying Number (if you kr ATM-20-6037-R1	na Patients with Ipsilateral		nteral Lymph Node Metastasis in
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Section 2. The Work Under Co	onsideration for Public	cation	
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Section 4. Intellectual Proper			
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Heng 2



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Dr. Heng has not	hing to disclose.

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Zhu 1



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1. Given Name (First Name) Xiaoke	2. Surname (Last Name) Zhu		3. Date 22-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nan Lei Tao	ne
<ol> <li>Manuscript Title</li> <li>Risk Stratification and Corresponding P</li> <li>Pyriform Sinus Squamous Cell Carcinon</li> <li>Manuscript Identifying Number (if you kr</li> <li>ATM-20-6037-R2</li> </ol>	na Patients with Ipsilateral		teral Lymph Node Metastasis in
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Zhou 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Liang	2. Surname (Last Name) Zhou		3. Date 07-November-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Nat Lei Tao	me
<ol> <li>Manuscript Title</li> <li>Risk Stratification and Corresponding P</li> <li>Pyriform Sinus Squamous Cell Carcinon</li> <li>Manuscript Identifying Number (if you kn</li> <li>ATM-20-6037-R1</li> </ol>	na Patients with Ipsilateral		ateral Lymph Node Metastasis in
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Zhang 1



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Zhang 2



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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

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Section 1.	Identifying Inform	ation			
1. Given Name (Fi Lei			ne (Last Name)		3. Date 08-November-2020
4. Are you the cor	responding author?	✓ Yes	No		
Pyriform Sinus S	n and Corresponding Po quamous Cell Carcinom ntifying Number (if you kn	na Patients	re Treatment Strategies for Occ with Ipsilateral Node-Positive N		iteral Lymph Node Metastasis in
Section 2.	The Work Under Co	onsiderat	ion for Publication		
any aspect of the s statistical analysis,	stitution <b>at any time</b> recei ubmitted work (including	ve payment but not lim			mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities	outside the submitted wo	ork.	
of compensation clicking the "Add	) with entities as descri	bed in the port relation	•	each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Pate	nts & Convrights		
Do you have any		<u> </u>	ng or issued, broadly relevant t	to the work?	☐ Yes 🗸 No
Do you have ally	paterits, writerier plani	icu, periuli	ing or issued, broadily relevant t	to the work:	

Tao 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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✓ No other relat	ionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Tao has nothi	ng to disclose.

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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