

ICMJE DISCLOSURE FORM

Date: 2022/5/18
 Your Name: Shuo Ding
 Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: A prospective cohort study in China
 Manuscript number (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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: 2022/5/18

Your Name: Wei Guo

Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: A prospective cohort study in China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/18
 Your Name: Gaofei Yin
 Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: A prospective cohort study in China
 Manuscript number (if known): _____

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3	Royalties or licenses	<u>__X__</u> None	
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ICMJE DISCLOSURE FORM

Date: 2022/5/18
 Your Name: Nuan Li
 Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: A prospective cohort study in China
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/18

Your Name: Hongfei Liu

Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: An open label non-randomized clinical trial in China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/18
 Your Name: Junwei Huang
 Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: A prospective cohort study in China
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/18
 Your Name: Zheng Yang
 Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: A prospective cohort study in China
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/18
 Your Name: Xiaohong Chen
 Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: A prospective cohort study in China
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/5/18
 Your Name: Yang Zhang
 Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: A prospective cohort study in China
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ICMJE DISCLOSURE FORM

Date: 2022/5/18

Your Name: Zhigang Huang

Manuscript Title: Clinical study of poorly differentiated head and neck squamous cell carcinoma: An open label non-randomized clinical trial in China

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.