Date	e:2022-08-26			
You	r Name:Jiani Liu			
man		d during the 2019 corona	ve symptoms of head and neck cancer patients in a close virus pandemic: a comparative study	d-loop
relat part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the second of	
	following questions apply tous cript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other iten	15,
		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 initi	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.)	None		
	No time limit for this item.	Time frame: pas	at 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		

Consulting fees

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

There is no conflict of interests regarding the publication of this paper.		

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

Date:2022-08-26				
Your Name: Lingling Yu				
Manuscript Title: Comparison of anxiety and depressive symptoms of head and neck cancer patients in a closed-loop management system before and during the 2019 coronavirus pandemic: a comparative study Manuscript number (if known):				
parties whose interests may be affected by the content of the manuscript. Disclosure represents a commit 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.	tment			

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

There is no conflict of interests regarding the publication of this paper.		

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

Date:__2022-08-26 ______

You	r Name: Ting Qiu					
Maı	nuscript Title: Compariso	on of anxiety and depressiv	e symptoms of head and neck cancer patients in a close	d-loop		
mar	management system before and during the 2019 coronavirus pandemic: a comparative study					
Maı	nuscript number (if known):					
In the relation to the relatio	ne interest of transparency, ted to the content of your makes whose interests may be ransparency and does not not it in the content of your makes whose interests may be ransparency and does not not it in the content of the content	we ask you to disclose all reparts of the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be defined in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive			
the	time frame for disclosure is	the past 36 months.				
		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	None				
	manuscript (e.g., funding,					
	provision of study materials, medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: past	26 months			
2	Grants or contracts from	None	50 months			
2	any entity (if not indicated	None				
	in item #1 above).					
3	Royalties or licenses	None				
J	Noyunces of ficerises	None				
4	Consulting fees	None				

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date	e:2022-08-26		
You	Name:Yuanling Luo		
Man	uscript Title: Compariso	on of anxiety and depressi	ve symptoms of head and neck cancer patients in a closed-loo
man	agement system before and	d during the 2019 coronav	irus pandemic: a comparative study
Man	uscript number (if known):		·····
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		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)	Julanning of the work
		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.	None	
2		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

There is no conflict of interests regarding the publication	of this paper.

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

Date	:2022-08-26		
Your	Name: Xiaojuan Fang _		
Man	uscript Title: Compariso	on of anxiety and depressi	ve symptoms of head and neck cancer patients in a closed-loop
man	agement system before and	d during the 2019 coronav	rirus pandemic: a comparative study
Man	uscript number (if known):		
relate partito to trelate man The man The to the med	ted to the content of your mains whose interests may be an sparency and does not not ionship/activity/interest, it following questions apply to uscript only. author's relationships/activite epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do the author's relationship rities/interests should be nsion, you should declare tion is not mentioned in t	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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
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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

There is no conflict of interests regarding the publication	of this paper.

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

Date:__2022-08-26 ______

You	r Name: Fang Yang			
Maı	nuscript Title: Compariso	on of anxiety and depressiv	e symptoms of head and neck cancer patients in a close	d-loop
mar	nagement system before and	d during the 2019 coronavi	rus pandemic: a comparative study	
Maı	nuscript number (if known):			
In the relation to the relatio	ne interest of transparency, ted to the content of your miles whose interests may be ransparency and does not not interest, it following questions apply to muscript only. author's relationships/active epidemiology of hyperterestication, even if that medicatem #1 below, report all supports to the content of the content on the content of the content on the content of the content	we ask you to disclose all reparts of the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be defined in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertain Ill relationships with manufacturers of antihypertensive	
the	time frame for disclosure is	the past 36 months.		
		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	None		
	manuscript (e.g., funding,			
	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 None	30 months	
_	any entity (if not indicated	None		
	in item #1 above).			
3	Royalties or licenses	None		
,	, 411100 01 110011303			
4	Consulting fees	None		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

There is no conflict of interests regarding the publication	of this paper.

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

Date	e:2022-08-26			
You	r Name: Xiwei Xu			
Man	uscript Title: Compariso	on of anxiety and depressi	ve symptoms of head and neck cancer patients in a closed-loo	р
man	agement system before and	d during the 2019 coronav	rirus pandemic: a comparative study	
Man	uscript number (if known):		· · · · · · · · · · · · · · · · · · ·	
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		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 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.	None		
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
2	in item #1 above).	None		
3	Royalties or licenses	None		
Δ	Consulting fees	None		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date:__2022-08-26 ______

You	r Name: Qi zeng			
Mar	nuscript Title: Compariso	on of anxiety and depressiv	e symptoms of head and neck cancer patients in a close	d-loop
mar	nagement system before and	d during the 2019 coronavi	rus pandemic: a comparative study	
Mar	nuscript number (if known):			
In the relation to the relation to the relation the relation the relation the relation to the relation the re	ne interest of transparency, ted to the content of your miles whose interests may be ransparency and does not not interest, it following questions apply to muscript only. author's relationships/active epidemiology of hyperterestication, even if that medicatem #1 below, report all supports to the content of the content on the content of the content on the content of the content	we ask you to disclose all reparts of the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the port for the work reported	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertain Ill relationships with manufacturers of antihypertensive	
the	time frame for disclosure is	the past 36 months.		
		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	None		
	manuscript (e.g., funding,			
	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 None	30 months	
_	any entity (if not indicated	None		
	in item #1 above).			
3	Royalties or licenses	None		
,	, 411100 01 110011303			
4	Consulting fees	None		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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