**Date**: 24/01/2024

Your Name: Dr. Badr Id Said

Manuscript Title: A Narrative Review of Oncologic Emergencies in Patients with Head and Neck Cancers: Initial

Management and the Role of Radiation Therapy Manuscript number (if known): APM-22-1074

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.

		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,	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	

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		
11	group, paid or unpaid	Nana	
11	Stock or stock options	None	
12	Descipt of aguinment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:

N/A			

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

**Date**: 24/01/2024

Your Name: Dr. Antoine Eskander

Manuscript Title: A Narrative Review of Oncologic Emergencies in Patients with Head and Neck Cancers: Initial

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3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	<u>x</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	M. Nava	
6	Payment for expert	X_None	
	testimony		
7	Support for attending	× None	
,	meetings and/or travel	X_None	
	meetings and, or travel		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plas	se summarize the above co	nflict of interest in the follo	owing hox:
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1			

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form.

Date: 24/01/2024

Your Name: Dr. Anish Kapadia

Manuscript Title: A Narrative Review of Oncologic Emergencies in Patients with Head and Neck Cancers: Initial

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	testimony		
7	Support for attending meetings and/or travel	None	
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	pending		
0	Dantisiantian and Data	Nana	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
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PIE	ase summarize the above o	onflict of interest in the fo	ollowing box:
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\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 24/01/2024

Your Name: Dr. Zain Husain

Manuscript Title: A Narrative Review of Oncologic Emergencies in Patients with Head and Neck Cancers: Initial

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7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
	k				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
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None		

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