Date: June 23, 2021 Your Name: Xiaoyan Chen

Manuscript Title: Risk factors for oral mucositis in patients with malignant tumors: a prospective cohort study

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) 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: 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 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	
	writing, gifts or other	
12	services	
13	Other financial or non- financial interests	√ None
	illialiciai interests	

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

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

Date: June 23, 2021 Your Name: Lijuan Yao

Manuscript Title: Risk factors for oral mucositis in patients with malignant tumors: a prospective cohort study

Manuscript number (if known):

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11	Stock or stock options	√None
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13	Other financial or non- financial interests	√ None
	illialiciai interests	

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

Date: June 23, 2021

Your Name: Qianqian Shan

Manuscript Title: Risk factors for oral mucositis in patients with malignant tumors: a prospective cohort study

Manuscript number (if known):

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	educational events	
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	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 in other board, society,	√ None
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	√None
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	writing, gifts or other	
12	services	
13	Other financial or non- financial interests	√ None
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Please place an "X" next to the following statement to indicate your agreement:

Date: June 23, 2021

Your Name: Xiangyun Qian

Manuscript Title: Risk factors for oral mucositis in patients with malignant tumors: a prospective cohort study

Manuscript number (if known):

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	educational events	
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	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 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	
	writing, gifts or other	
12	services	
13	Other financial or non- financial interests	√ None
	illialiciai interests	

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

Date: June 23, 2021 Your Name: Xiaoyan Lu

Manuscript Title: Risk factors for oral mucositis in patients with malignant tumors: a prospective cohort study

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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4	Consulting fees	√ None	

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

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

Date: June 23, 2021

Your Name: Xiaoqing Tang

Manuscript Title: Risk factors for oral mucositis in patients with malignant tumors: a prospective cohort study

Manuscript number (if known):

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11	Stock or stock options	√ None	
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13	Other financial or non- financial interests	√ None	

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

Date: June 23, 2021 Your Name: Shiyuan Chen

Manuscript Title: Risk factors for oral mucositis in patients with malignant tumors: a prospective cohort study

Manuscript number (if known):

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√None	Support for attending meetings and/or travel	7
	meetings und/or traver	
√ None	Patents planned, issued or	8
	pending	
√ None	Participation on a Data Safety Monitoring Board or	9
	Advisory Board	40
√ None	Leadership or fiduciary role in other board, society,	10
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√ None	Stock or stock options	11
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, , , , , , ,	financial interests	
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Please place an "X" next to the following statement to indicate your agreement:

Date: June 23, 2021 Your Name: Weiwei Yu

Manuscript Title: Risk factors for oral mucositis in patients with malignant tumors: a prospective cohort

study

Manuscript number (if known):

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6	Payment for expert testimony	√ None	
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