

## ICMJE DISCLOSURE FORM

Date: Nov. 12<sup>th</sup>, 2021

Your Name: Wenlun Wang

Manuscript Title: Prognostic factors and the role of locoregional treatment in patients with distantly metastatic hypopharyngeal cancer: a retrospective cohort study base on SEER database

Manuscript number (if known): APM-21-2953

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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The author's relationships/activities/interests should be defined broadly. 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.

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		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)
<b>Time frame: Since the initial planning of the work</b>			
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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.

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Date: Nov. 12<sup>th</sup>, 2021

Your Name: Hongwei Zheng

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Date: Nov. 12<sup>th</sup>, 2021

Your Name: Lisheng Yu

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Your Name: Lihong Zhang

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