

Date: 9.	03,2022			
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related t parties v o transp	o the content of your man whose interests may be aff	uscript. "Related" ected by the conten ssarily indicate a b	all relationships/activities/interests liste means any relation with for-profit or no t of the manuscript. Disclosure represen ias. If you are in doubt about whether to do so.	-for-profit third
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		Name all entities w whom you have thir relationship or indi none (add rows as needed)	(e.g., if payments were made to you or t	o your
	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.	,		
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	2 Grants or contracts from any entity (if not indicated in item #1 above).	None	past 36 months	
	3 Royalties or licenses	None		
	4 Consulting fees	None		

5 Payment or honoraria for	r None		
lectures, presentations, speakers bureaus, 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		
Please summarize the above conflict of	of interest in the fo	llowing box:	
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Please place an "X" next to the following statement to indicate your agreement:

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

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Date: 09.03.2022

Your Name: Federica MARTORANA

Manuscript Title: Orbital Metastasis from Thyroid Cancer: case report and review of the literature

Manuscript number (if known): APM-22-61-CL

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 w whom you have th relationship or indi none (add rows as needed)	is cate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since t	he 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.) No time limit for this item.	None		
		Time fran	ne: 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	Lilly	niid Marchinin Viii		
	lectures, presentations.	Pfizer			
	speakers bureaus, manuscript writing or educational events	Novartis Istituto Gentili			
6	Payment for expert testimony	None			
7	Support for attending meetings and/or travel	Lilly			
		Pfizer			
		Novartis Istituto Gentili			
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		Activities in	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
3	Other financial or non- financial interests	None			

Please summarize the above conflict of interest in the following box:

In the last three years I received honoraria for lecture Lilly, Novartis and Pfizer,	s and support for meeting attendance	rom Istituto Gentili,
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Please place an "X" next to the following statement to indicate your agreement:

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

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Date: 9.03.2022

Your Name: Elena Tirrò

Manuscript Title: Orbital Metastasis from Thyroid Cancer: case report and review of the literature

Manuscript number (if known): APM-22-61-CL

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 w whom you have the relationship or indi- none (add rows as needed)	s cate	Specifications/Comments (e.g., if payments were mad institution)	e to you or to your
4		Time frame: Since t	ne initia	l 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			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	c. past	36 11011(11)	
3	Royalties or licenses	None			
ļ.	Consulting fees	None			
	Payment or honoraria for	None			

460	lectures, presentations,			Company of the control of the contro	
	speakers bureaus, 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	70 10 11 11 11 11		
	Other financial or non- financial interests	None			
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Please place an "X" next to the following statement to indicate your agreement:

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Date: 9.03.202	22
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Your Name:

Manuscript Title: Orbital Metastasis from Tryroid Cancer: case report and review of the literature Manuscript number (if known): APM-22-61-CL

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. "Felated" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disc osure 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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		Name all entities whom you have relationship or in none (add rows a needed)	lhis dicate s	Specifications/Comments (e.g., if payments were me institution)	de to you or to your
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.	Time frame: Since None	the initia	planning of the work	
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	Royalties or licenses	None			
	Consulting fees	None			
	Payment or honoraria for	None			

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	manuscript writing or educational events		
6	Payment for expert		
	testimony	None	
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7	Support for attending		
	meetings and/or travel	None	
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	Patents planned, issued or pending	None	
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Date: 9.03.2022		
Your Name: ROY(1)	DA MARITO	1
Manuscript Title: Orbital Metastasis from Thy	roid Cancer: case report and resi	
Manuscript number (if known): APM-22-61-C	L	ew of the literature
In the interest of transparency, we ask you to related to the content of your manuscript. "Reparties whose interests may be affected by the to transparency and does not necessarily indicated in the relationship/activity/interest, it is preferable to the second	disclose all relationships/activiticelated" means any relation with the content of the manuscript. Disc	or-profit or not-for-profit third

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relationship/activity/interest, it is preferable that you do so.

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		Name all entities whom you have relationship or none (add rows needed)	this Indicate	Specifications/Commer (e.g., if payments were institution)	nts made to you or to your
1		Time frame: Sin	ce the initia	l 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 (rame: past	26	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	rame. past	30 MONTHS	
3	Royalties or licenses	None			
ļ	Consulting fees	None			
;	Payment or honoraria for	None			- I

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	lectures, presentations,				
	speakers bureaus, 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			Dental All Distriction
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
.3	Other financial or non- financial interests	None			

Please summarize the above conflict of interest in the following box:

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

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Date: 9.03,2022

Your Name:

CORRADO

SPATOLA

Manuscript Title: Orbital Metastasis from Thyroid Cancer: case report and review of the literature Manuscript number (if known): APM-22-61-CL

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	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	or None			
6	Payment for expert testimony	None			
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or pending	None			
	Participation on a Data Safety Monitoring Board or Advisory Board	None			
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5 8	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or inpaid	None			
11 S	tock or stock options	None			
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m w	eceipt of equipment, aterials, drugs, medical riting, gifts or other rvices	None			
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Please place an "X" next to the following statement to indicate your agreement:

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







Date: 9.03.2022

Your Name: Antonino Belfiore

Manuscript Title: Orbital Metastasis from Thyroid Cancer: case report and review of the literature

Manuscript number (if known): APM-22-61-CL

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		Name all entities w whom you have thi relationship or indi none (add rows as needed)	s cate	Specifications/Comments (e.g., if payments were made institution)	e to you or to your
1		Time frame: Since t	ne 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			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	e. past	36 months	
3	Royalties or licenses	None			
1	Consulting fees	None			
,	Payment or honoraria for	None			



	lectures, presentations, speakers bureaus, manuscript writing or					
	educational events					
6	Payment for expert testimony	None				
7	Support for attending meetings and/or travel	None	2.0			
8	Patents planned, issued or pending	None		<u> </u>		
9	Participation on a Data	None				
	Safety Monitoring Board or Advisory Board	None				
10	Leadership or fiduciary role in other board, society, committee or advocacy	None				
1	group, paid or unpaid Stock or stock options					
	- Stock options	None				
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
3	Other financial or non-	None				
	financial interests		44			
lea	se summarize the above cor	iflict of interest in	the follo	owing box	:	

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Date	a. C	0.03	3.20	122

Your Name: ____PAOLO VIGNERI

Manuscript Title: Orbital Metastasis from Thyroid Cancer; case report and review of the literature

Manuscript number (if known): APM-22-61-CL

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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)
300	A STATE OF THE STATE OF	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.) No time limit for this item.	None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis and Pfizer	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	Astra-Zeneca, Celgene,	

	lectures, presentations, speakers bureaus, manuscript writing or educational events	Italfarmaco, Incyte, Novartis, Pfizer, Tesaro, and Teva	
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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Research funding from Novartis and Pfizer; honoraria from Astra-Zeneca, Celgene, Italfarmaco, Incyte, Novartis, Pfizer, Tesaro, and Teva

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

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ICMJE DISCLOSURE FORM

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Your Name: Manuscript Title: Orbital Meta Manuscript number (if known):	SMEUA stasis from Thyroid Ca APM-22-61-CL	PELLEGE TI ncer: case report and review of the litera	ture
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In item #1 below, report all support the time frame for disclosure is the	rt for the work reported past 36 months.	d in this manuscript without time limit.	For all other items,
	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 you institution)	ır
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 Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past ,None	36 months	
3 Royalties or licenses	_None		
4 Consulting fees	_None		
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_None		

Date: 9.03.2022

	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	None		
	Safety Monitoring Board or Advisory Board			
	10 Leadership or fiduciary role in other board,	None		
	society, committee or advocacy group, paid or unpaid			
	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		Mark Walkerson Brook
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Please place	e an "X" next to the following	statement to indic	ate your agreement:	
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