

# ICMJE DISCLOSURE FORM

Date: 9.03.2022

Your Name: GIULIA SAPUPPO

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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)	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.)  None

**No time limit for this item.**

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 lectures, presentations, speakers bureaus, manuscript writing or educational events  None
- 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 interest in the following box:

I declare that there are no conflicts of interest

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.

*Elie de la...*

ICMJE DISCLOSURE FORM

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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)	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>		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None
<b>Time frame: past 36 months</b>		
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	Lilly			
		Pfizer			
		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			
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 interest in the following box:

In the last three years I received honoraria for lectures and support for meeting attendance from Istituto Gentili, Lilly, Novartis and Pfizer,

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



### ICMJE DISCLOSURE FORM

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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)	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>		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None      
<b>Time frame: past 36 months</b>		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None   
3	Royalties or licenses	<input type="checkbox"/> None   
4	Consulting fees	<input type="checkbox"/> None   
5	Payment or honoraria for	<input type="checkbox"/> None   

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

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

I declare that there are no conflicts of interest.

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 form.

*Paula Lopez*

ICMJE DISCLOSURE FORM

Date: 9.03.2022

Your Name: ROSARIO LE ROLI

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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)	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>		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None
<b>Time frame: past 36 months</b>		
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 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 interest in the following box:

No CONFLICTS OF INTEREST

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.

*[Handwritten Signature]*



ICMJE DISCLOSURE FORM

Date: 9.03.2022

Your Name: ROMILDA MASUCCI

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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)	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>		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None      
<b>Time frame: past 36 months</b>		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None   
3	Royalties or licenses	<input type="checkbox"/> None   
4	Consulting fees	<input type="checkbox"/> None   
5	Payment or honoraria for	<input type="checkbox"/> 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 interest in the following box:

No conflicts of interest

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.

*R. M. ...*

**ICMJE DISCLOSURE FORM**

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

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 current manuscript only.

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.

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)	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.) <b>No time limit for this item.</b>	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None		
6	Payment for expert testimony	<input type="checkbox"/> None		
7	Support for attending meetings and/or travel	<input type="checkbox"/> None		
8	Patents planned, issued or pending	<input type="checkbox"/> None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None		
11	Stock or stock options	<input type="checkbox"/> None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None		
13	Other financial or non-financial interests	<input type="checkbox"/> None		

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

--

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.

*Bob Jones*



### ICMJE DISCLOSURE FORM

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

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 current manuscript only.

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.

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)	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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
5	Payment or honoraria for	<u>None</u>	

JP

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

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

--

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.

*A. K. B. O. E.*

## ICMJE DISCLOSURE FORM

Date: 9.03.2022

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

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 current manuscript only.

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.

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)	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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis and Pfizer	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
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	

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

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:

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





10

# ICMJE DISCLOSURE FORM

Date: 9.03.2022

Your Name: GABRIELLA

PELLEGRINI

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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)	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.)  None

**No time limit for this item.**

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 lectures, presentations, speakers bureaus, manuscript writing or educational events  None

10

- 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 interest in the following box:

No conflicts of interest

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.

*[Handwritten signature]*