

ICMJE DISCLOSURE FORM

Date: May 17, 2022
 Your Name: Ayako Inoshita
 Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea : a prospective study
 Manuscript number (if known): APM-22-267

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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Time frame: past 36 months			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
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ICMJE DISCLOSURE FORM

Date: April 14th, 2022

Your Name: Naoko Sata

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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ICMJE DISCLOSURE FORM

Date: April 14th, 2022

Your Name: Shinichi Ohba

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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ICMJE DISCLOSURE FORM

Date: February 23rd, 2022

Your Name: Yo Suzuki

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

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ICMJE DISCLOSURE FORM

Date: April 14th, 2022

Your Name: Shin Ito

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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ICMJE DISCLOSURE FORM

Date: April 14th, 2022

Your Name: Nanako Shiroshita

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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Date: April 14th, 2022

Your Name: Kawana Fusae

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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Date: April 14th, 2022

Your Name: Takatoshi Kasai

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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Date: April 14th, 2022

Your Name: Ryuzaburo Higo

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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Date: April 14th, 2022

Your Name: Katsuhisa Ikeda

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

Manuscript number (if known): APM-22-267

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Date: April 14th, 2022

Your Name: Matsumoto Fumihiko

Manuscript Title: Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospective study

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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.