| Date: <u>May 17, 2022</u> | |
|--------------------------------|--|
| Your Name: <u>Ayako Inoshi</u> | ta |
| Manuscript Title: Impa | ct of radiotherapy for head and neck cancer on obstructive sleep apnea |
| : a prospective study | |
| Manuscript number (if knowr | n): 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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial | 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.) No time limit for this item. | Teijin Pharma Limited | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Grant-in-Aid for Scientific Research | Article processing charges |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X_None | |
|----|--|---------------------------|--|
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X_None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | Teijin Pharma Limited | |
| | 3 , | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | X_None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X_None | |
| | | | |
| 12 | Receipt of equipment, | Teijin Pharma Limited | |
| 12 | materials, drugs, medical | Terjiir i narina Liinitea | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | Teijin Pharma Limited | |
| | financial interests | | |
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The author receives article processing charges from Grant-in-Aid for Scientific Research.

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

| Date: <u>April 14th, 2</u> | 22 | |
|---------------------------------------|---|----|
| Your Name: N | oko Sata | |
| Manuscript Title: | Impact of radiotherapy for head and neck cancer on obstructive sleep apnea: a prospecti | ve |
| study | | |
| Manuscript numb | (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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) |
|---|---|--|---|
| | | Time frame: Since the initial | 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. | Teijin Pharma Limited | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
|----|--|-----------------------|--|
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | Teijin Pharma Limited | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Teijin Pharma Limited | |
| 13 | Other financial or non- financial interests | Teijin Pharma Limited | |

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

The author receives all support for the present manuscript, Support for attending meetings and travel, and borrowing of equipment from Teijin Pharma Limited.

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

| Da | te: April 14 th , 2022 | | |
|------------------------|---|---|--|
| Yo | ur Name: <u>Shinichi Ohba</u> | | |
| | nuscript Title: <u>Impac</u> Idy | t of radiotherapy for head | and neck cancer on obstructive sleep apnea: a prospective |
| Ma | nuscript number (if known) | : <u>APM-22-267</u> | 7 |
| rel pa to rel | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do | |
| | e following questions apply inuscript only. | to the author's relationsh | ips/activities/interests as they relate to the current |
| to me | the epidemiology of hypertoedication, even if that medic | ension, you should declare ation is not mentioned in pport for the work reporte | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed 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 | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | needed) | |
| | | Time frame: Since the initia | al planning of the work |
| L | 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. | XNone | |
| | | Time frame: pas | t 26 months |
|) | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | t 56 months |
| 3 | Royalties or licenses | XNone | |
| | | | |

Consulting fees

X__None

| 5 | Payment or honoraria for | XNone | |
|-----|------------------------------|-------------------------------|-------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V Nana | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| • | meetings and/or travel | | |
| | , | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | X_NOTIE | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Ple | ease summarize the above o | onflict of interest in the fo | lowing hox: |
| | | | |
| | None. | | |
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| Data: Fahrusani 22rd 2022 | |
|--|--|
| Pate: February 23.5, 2022 Your Name: Yo Suzuki | |
| | py for head and neck cancer on obstructive sleep apnea: a prospective study |
| Manuscript number (if known): | · |
| related to the content of your manuscri parties whose interests may be affected | you to disclose all relationships/activities/interests listed below that are put of the property of the manuscript. Disclosure represents a commitment by indicate a bias. If you are in doubt about whether to list a perable that you do so. |

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) |
|---|---|--|---|
| | | Time frame: Since the initial | 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 | None | | | |
| | meetings and/or travel | | | | |
| | | | | | |
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| | | | | | |
| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
| | | | | | |
| 12 | Descript of annium and | Niere | | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | |
| _ | | | | | |
| | The author has no conflicts of in | nterest to declare. | | | |

| The author has no conflicts of interest to declare. | | | |
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| Da | te: <u>April 14th, 2022</u> | | |
|-----------------|---|--|---|
| Υo | ur Name: Shin Ito | | |
| | nuscript Title: <u>Impac</u> Idy | t of radiotherapy for head | and neck cancer on obstructive sleep apnea: a prospective |
| Ma | nuscript number (if known) | : <u>APM-22-267</u> | |
| rel pa to | ated to the content of your rties whose interests may be | manuscript. "Related" me e affected by the content on necessarily indicate a bias. | I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso. |
| | e following questions apply inuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> |
| to me | the epidemiology of hyperto edication, even if that medic | ension, you should declare ation is not mentioned in pport for the work reporte | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed 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 your institution) |
| | | Time frame: Since the initia | l planning of the work |
| | 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. | XNone | |
| | Grants or contracts from | Time frame: pas X None | t 36 months |
| - | any entity (if not indicated in item #1 above). | | |
| | Royalties or licenses | XNone | |

Consulting fees

X__None

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
|-----|---|-------------------------------|-------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V Nana | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| • | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical writing, gifts or other | X_NOTIE | |
| | | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Ple | ease summarize the above o | onflict of interest in the fo | lowing hox: |
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| | None. | | |
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| Da | te: <u>April 14th, 2022</u> | | |
|-------------------------|---|---|---|
| Yo | ur Name: <u>Nanako Shiro</u> s | shita | |
| Ma stu | | t of radiotherapy for head | I and neck cancer on obstructive sleep apnea: a prospective |
| Ma | nuscript number (if known) | : <u>APM-22-26</u> | 7 |
| rel par to rel | ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a to so. hips/activities/interests as they relate to the current |
| to me | the epidemiology of hypertodication, even if that medic | ension, you should declard ation is not mentioned in pport for the work report | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed 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 your institution) |
| | | Time frame: Since the initia | al planning of the work |
| | 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. | XNone | |
| <u>)</u> | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pas | st 36 months |
| } | Royalties or licenses | XNone | |

Consulting fees

None

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
|-----|---|-------------------------------|-------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V Nana | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| • | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical writing, gifts or other | X_NOTIE | |
| | | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Ple | ease summarize the above o | onflict of interest in the fo | lowing hox: |
| | | | |
| | None. | | |
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| Da | te: April 14 th , 2022 | | |
|------------------------|---|---|--|
| Yo | ur Name: <u>Kawana Fusae</u> | 2 | |
| | nuscript Title: <u>Impac</u> Idy | t of radiotherapy for head | and neck cancer on obstructive sleep apnea: a prospective |
| Ma | nuscript number (if known) |): <u>APM-22-267</u> | 1 |
| rel pa to rel | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do | |
| | e following questions apply inuscript only. | to the author's relationsh | ips/activities/interests as they relate to the current |
| to me | the epidemiology of hyperto edication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) |
| | | Time frame: Since the initia | al planning of the work |
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| L | 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. | XNone | |
| | | | |
| | | Time frame: pas | t 36 months |
| <u> </u> | Grants or contracts from any entity (if not indicated | XNone | |
| | in item #1 above). | | |
| } | Royalties or licenses | XNone | |
| | | | |
| | | | |

Consulting fees

X__None

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
|-----|---|-------------------------------|-------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V Nana | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| • | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical writing, gifts or other | X_NOTIE | |
| | | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Ple | ease summarize the above o | onflict of interest in the fo | lowing hox: |
| | | | |
| | None. | | |
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| Da | te: <u>April 14th, 2022</u> | | |
|------------------------|---|---|---|
| Yo | ur Name: <u>Takatoshi Kas</u> | ai | |
| | nuscript Title: <u>Impac</u> Idy | t of radiotherapy for head | and neck cancer on obstructive sleep apnea: a prospective |
| Ma | nuscript number (if known) |): <u>APM-22-267</u> | 7 |
| rel pa to rel | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d | Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current |
| to me | the epidemiology of hyperto dication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. End 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 your institution) |
| | | Time frame: Since the 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. | XNone | |
| 2 | Grants or contracts from | Time frame: pas | t 36 months |
| ۷ | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |

Consulting fees

X__None

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
|-----|---|-------------------------------|-------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V Nana | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| • | meetings and/or travel | | |
| | , | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical writing, gifts or other | X_NOTIE | |
| | | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Ple | ease summarize the above o | onflict of interest in the fo | lowing hox: |
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| | None. | | |
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| Da | te: April 14 th , 2022 | | |
|------------------------|---|---|---|
| Yo | ur Name: <u>Ryuzaburo Hi</u> g | 30 | |
| Ma | nuscript Title: <u>Impac</u> | t of radiotherapy for head | and neck cancer on obstructive sleep apnea: a prospective |
| | ıdy | | |
| Ma | nuscript number (if known) | : <u>APM-22-267</u> | 7 |
| rel pa to rel | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d | Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current |
| to me | the epidemiology of hypertoedication, even if that medic | ension, you should declare ation is not mentioned in pport for the work reporte | e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed 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 your institution) |
| | | Time frame: Since the initia | al planning of the work |
| | 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. | XNone | |
| | | | |
| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| } | Royalties or licenses | XNone | |

Consulting fees

X__None

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
|-----|---|-------------------------------|-------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V Nana | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| • | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical writing, gifts or other | X_NOTIE | |
| | | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
| | | | |
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| Ple | ease summarize the above o | onflict of interest in the fo | lowing hox: |
| | | | |
| | None. | | |
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| Da | te: April 14 th , 2022 | | |
|----------------------|---|---|--|
| Yo | ur Name: <u>Katsuhisa Ike</u> o | da | |
| Ma | nuscript Title:Impac | t of radiotherapy for head | l and neck cancer on obstructive sleep apnea: a prospective |
| | ıdy | | |
| Ma | nuscript number (if known) |): <u>APM-22-26</u> | 7 |
| rel pa to rel The ma | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, ationship questions apply muscript only. e author's relationships/activite epidemiology of hypertedication, even if that medication. | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare cation is not mentioned in | e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive |
| | | Name all entities with whom you have this relationship or indicate none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | | needed) Time frame: Since the initia | al planning of the work |
| | | Time trame. Since the filling | ar 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. | XNone | |
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| | Crants or contrasts from | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

Consulting fees

X__None

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
|-----|---|-------------------------------|-------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V Nana | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| • | meetings and/or travel | | |
| | , | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical writing, gifts or other | X_NOTIE | |
| | | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
| | | | |
| | | | |
| Ple | ease summarize the above o | onflict of interest in the fo | lowing hox: |
| | | | |
| | None. | | |
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| Da | te: April 14 th , 2022 | | | | |
|---|---|---|---|--|--|
| Yo | ur Name: <u>Matsumoto F</u> | umihiko | | | |
| Ma | nuscript Title: <u>Impac</u> | t of radiotherapy for head | d and neck cancer on obstructive sleep apnea: a prospective | | |
| <u>stu</u> | ıdy | | | | |
| Ma | nuscript number (if known) |): <u>APM-22-26</u> | 7 | | |
| rel parto rel The ma | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, ationship/activity/interest, ationship questions apply inuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medication, even if that medication. | manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declar cation is not mentioned in | nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive 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) | | |
| | | Time frame: Since the initi | al planning of the work | | |
| | | 1 | | | |
| L | 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. | XNone | | | |
| | | | | | |
| | | Time frame: pas | st 36 months | | |
| <u>)</u> | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | | |
| 3 | Royalties or licenses | XNone | | | |
| | | | | | |
| | | | | | |

Consulting fees

X__None

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