Date:Aug	ust 20 th , 2022
Your Name:	Azamat Abdyraimov
Manuscript Tit	le:Locally advanced HPV-positive oropharyngeal cancer cured with single agent pembrolizumab in
patient using o	annabis: a case report.
Manuscript nu	mber (if known): PCM-22-53

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</u> manuscript only.

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.

		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.) No time limit for this item.	_xNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

Е	Doumont or because for	y None	
5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	y None	
٦	testimony	_xNone	
	testimony		
7	Support for attending	_xNone	
,	meetings and/or travel	_^NOTIC	
	meetings and/or traver		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	y None	
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		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:

None

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

Date:	September 10 th , 2022			
Your Name:	Nikita Karpovich			
Manuscript Titl	e: Locally advanced HPV-positive oropharyngeal cancer cured with single agent			
pembrolizumak	in a patient using cannabis: a case report.			
Manuscript number (if known): PCM-22-53				

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	36 months
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

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

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

Date:August 17 th , 2022
Your Name:Lesia Tkachuk
Manuscript Title:Locally advanced HPV-positive oropharyngeal cancer cured with single agent pembrolizumab
a patient using cannabis: a case report
Manuscript number (if known): PCM-22-53

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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)
	Time fr	ame: Since the initial planning of	f 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	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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

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

Date:A	ugust 25 th , 2022
Your Name: _	Karine Darbinayan
Manuscript T	itle:Locally advanced HPV-positive oropharyngeal cancer cured with single agent pembrolizumab in a
patient using	cannabis: a case report
Manuscript n	umber (if known): PCM-22-53

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
_			
7	Support for attending	_xNone	
	meetings and/or travel		
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,	_xnone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	·		
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the fo	ollowing box:
l N	lone		

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