## ICMJE DISCLOSURE FORM

Date: June 28, 2021

Your Name: Jacob A. Miller

Manuscript Title: Prognostic Value of EBV Biomarkers for Nasopharyngeal Carcinoma Staging and Post-Treatment

Surveillance

Manuscript number (if known): ANPC-21-5

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> <u>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,	X None	pranting of the work
	provision of study materials, medical writing, article		
	processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	<u>X</u> None	
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	<u>X</u> None <u>X</u> None
7	Support for attending meetings and/or travel	<u>X</u> None
8	Patents planned, issued or pending	<u>X</u> None
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	X None
11	Stock or stock options	<u>X</u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None
13	Other financial or non- financial interests	<u>X</u> None

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

Dr. Jacob A. Miller reports no conflicts of interest related to this work.		

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

 $\underline{X}$  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: June 28, 2021

Your Name: Benjamin A. Pinsky

Manuscript Title: Prognostic Value of EBV Biomarkers for Nasopharyngeal Carcinoma Staging and Post-Treatment

Surveillance

Manuscript number (if known): ANPC-21-5

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4	Consulting force	VAlore	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	<u>X</u> None	

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

Dr. Benjamin A. Pinsky reports no conflicts of interest related to this work.				

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

 $\underline{X}$  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:** June 28, 2021 **Your Name:** Quynh-Thu Le

Manuscript Title: Prognostic Value of EBV Biomarkers for Nasopharyngeal Carcinoma Staging and Post-Treatment

Surveillance

Manuscript number (if known): ANPC-21-5

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	<u>X</u> None	
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	<u>X</u> None	

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

Dr. Quynh-Thu Le reports	Dr. Quynh-Thu Le reports no conflicts of interest related to this work.	

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

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