Date: April 1, 2022

Your Name: Carlos X Castellanos

Manuscript Title: Enhanced Recovery After Surgery: A Narrative Review on Perioperative Pain Levels and Opiate Use Following Free Flap Reconstruction in Patients with Head and Neck Cancer Manuscript number (if known): Manuscript ID: JOMA-22-4

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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		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	
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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	NoneNone	
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 place an "X" next to the following statement to indicate your agreement:

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

Date: April 1, 2022

Your Name: Ruben Ulloa

Manuscript Title: Enhanced Recovery After Surgery: A Narrative Review on Perioperative Pain Levels and Opiate Use Following Free Flap Reconstruction in Patients with Head and Neck Cancer Manuscript number (if known): Manuscript ID: JOMA-22-4

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Date: April 1, 2022

Your Name: Celeste Kim

Manuscript Title: Enhanced Recovery After Surgery: A Narrative Review on Perioperative Pain Levels and Opiate Use Following Free Flap Reconstruction in Patients with Head and Neck Cancer Manuscript number (if known): Manuscript ID: JOMA-22-4

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		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 Payment for expert testimony	NoneNone	
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	

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Date: 4/4/2	22	
Your Name:	Liyang Tang	
Manuscript Ti	tle:_ <u>Enhanced Recovery After Surg</u>	ery: A Narrative Review on Perioperative Pain Levels and Opiate Us
Following Free	e Flap Reconstruction in Patients wi	ith Head and Neck Cancer
Manuscript nu	umber (if known <u>):</u> JOM	IA-22-4

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1	All support for the present	None	
	manuscript (e.g., funding,		
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
б	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	
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11	Stock or stock options	None	
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13	Other financial or non- financial interests	None	

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

form.

Date:	_4/4/2022
Your Name:	_Mark Swanson
Manuscript Title	Enhanced Recovery After Surgery: A Narrative Review on Perioperative Pain Levels and
Opiate Use Fol	lowing Free Flap Reconstruction in Patients with Head and Neck Cancer
Manuscript num	nber (if known): JOMA-22-4

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	manuscript (e.g., funding,		
	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	None	
	any entity (if not indicated		
	in item #1 above).		
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	

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.

1.1			
Date: $4/4/22$			
Your Name: NDELS KOKOT			
Manuscript Title: Enhanced Recovery After	Surgers		
Manuscript number (if known):MA - 22 - 4			

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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.	_ <u>X</u> 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	<u>None</u>	

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	<u>None</u>	n sine en la companya de la company La companya de la comp
	Safety Monitoring Board or		
	Advisory Board	Nono	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
		a a sa	
12	Receipt of equipment, materials, drugs, medical	None	· · ·
	writing, gifts or other services		
13	Other financial or non- financial interests	None	
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