

## ICMJE DISCLOSURE FORM

Date: Apr. 10<sup>th</sup>, 2021

Your Name: Hao Song

Manuscript Title: Second Primary Oral Squamous Cell Carcinoma after Radiotherapy: A Retrospective Cohort Study

Manuscript number (if known): TCR-21-283

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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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) |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 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 |  |
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| 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.

## ICMJE DISCLOSURE FORM

Date: Apr. 10<sup>th</sup>, 2021

Your Name: Ranran Yang

Manuscript Title: Second Primary Oral Squamous Cell Carcinoma after Radiotherapy: A Retrospective Cohort Study

Manuscript number (if known): TCR-21-283

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## ICMJE DISCLOSURE FORM

Date: Apr. 10<sup>th</sup>, 2021

Your Name: Kailiu Wu

Manuscript Title: Second Primary Oral Squamous Cell Carcinoma after Radiotherapy: A Retrospective Cohort Study

Manuscript number (if known): TCR-21-283

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

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| None. |
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## ICMJE DISCLOSURE FORM

Date: Apr. 10<sup>th</sup>, 2021

Your Name: Chao Lou

Manuscript Title: Second Primary Oral Squamous Cell Carcinoma after Radiotherapy: A Retrospective Cohort Study

Manuscript number (if known): TCR-21-283

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## ICMJE DISCLOSURE FORM

Date: Apr. 10<sup>th</sup>, 2021

Your Name: Meng Xiao

Manuscript Title: Second Primary Oral Squamous Cell Carcinoma after Radiotherapy: A Retrospective Cohort Study

Manuscript number (if known): TCR-21-283

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## ICMJE DISCLOSURE FORM

Date: Apr. 10<sup>th</sup>, 2021

Your Name: Wei Guo

Manuscript Title: Second Primary Oral Squamous Cell Carcinoma after Radiotherapy: A Retrospective Cohort Study

Manuscript number (if known): TCR-21-283

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## ICMJE DISCLOSURE FORM

Date: Apr. 10<sup>th</sup>, 2021

Your Name: Guoxin Ren

Manuscript Title: Second Primary Oral Squamous Cell Carcinoma after Radiotherapy: A Retrospective Cohort Study

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