

ICMJE DISCLOSURE FORM

Date: Feb 8, 2023

Your Name: Farhoud Faraji

Manuscript Title: Evolving treatment paradigms in recurrent and metastatic head and neck squamous cell carcinoma: the emergence of immunotherapy

Manuscript number (if known): TCR-23-1

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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. | <u>__X__</u> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>__X__</u> None | |
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| 3 | Royalties or licenses | <u>__X__</u> None | |
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| 4 | Consulting fees | <u>__X__</u> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

Not applicable

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: February 9, 2023

Your Name: Ezra Cohen, MD

Manuscript Title: Evolving treatment paradigms in recurrent and metastatic head and neck squamous cell carcinoma: the emergence of immunotherapy

Manuscript number (if known): TCR-23-1

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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. | <u>__X__</u> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>__X__</u> None | |
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| 3 | Royalties or licenses | <u>__X__</u> None | |
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| | | | |
| 4 | Consulting fees | | Adagene, Astellas, Cidara, Eisai, Genmab, Gilboa, iTeos, Eli Lilly, MSD, Merck, Nectin Tx, Novartis, Nykode, Pangea Therapeutics, PCI Biotech |

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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | | Kura |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> _____ | Akamis Bio (BOD), Kinnate Biopharma, Pangea Therapeutics (SAB) |
| 11 | Stock or stock options | <input type="checkbox"/> _____ | Kinnate Biopharma, Primmune Therapeutics |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |

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

The author receives consulting fees from Adagene, Astellas, Cidara, Eisai, Genmab, Gilboa, iTeos, Eli Lilly, MSD, Merck, Nectin Tx, Novartis, Nykode, Pangea Therapeutics, and PCI Biotech. He participates on a Data Safety Monitoring Board or Advisory Board for Kura. He also has a leadership or fiduciary role in Akamis Bio (BOD), Kinnate Biopharma, and Pangea Therapeutics (SAB), and has stock options in Kinnate Biopharma, and Primmune Therapeutics. None of these conflicts are relevant to the current work

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.

ICMJE DISCLOSURE FORM

Date: 2/9/2023
 Your Name: Theresa Guo
 Manuscript Title: Evolving treatment paradigms in recurrent and metastatic head and neck squamous cell carcinoma: the emergence of immunotherapy
 Manuscript number (if known): TCR-23-1

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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. | <u>None</u> | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>X</u> | Grant funding (Grant #:1KL2TR001444) from UCSD Clinical and Translational Research Institute |
| | | | |
| | | | |
| 3 | Royalties or licenses | <u>X</u> None | |
| | | | |
| | | | |
| 4 | Consulting fees | <u>X</u> None | |
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|----|--|-------------------|--|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _____ | Educational event: Who's In Your Waiting Room? Multidisciplinary Perspectives on the Management of CSCC of the H&N from MedScape, Honoria \$8500 |
| | | | |
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| 6 | Payment for expert testimony | <u> X </u> None | |
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| 7 | Support for attending meetings and/or travel | <u> X </u> None | |
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| 8 | Patents planned, issued or pending | <u> X </u> None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> X </u> None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> X </u> None | |
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| | | | |
| 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 | |
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Please summarize the above conflict of interest in the following box:

Dr. Theresa Guo has received Grant funding (Grant #:1KL2TR001444) from UCSD Clinical and Translational Research Institute and Educational event: Who's In Your Waiting Room? Multidisciplinary Perspectives on the Management of Cutaneous Squamous Cell Carcinoma of the Head & Neck from MedScape, Honoria \$8500. Above educational event is not related to publication topic.

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.