

ICMJJE DISCLOSURE FORM

Date: 04.12.2024

Your Name: Bunea, Andrei

Manuscript Title: Feasibility and Patient Reported Tolerance of Cryotherapy with Cooral Mouth Cooling Device in Patients Undergoing Radiation Therapy (CooRay): A Pilot Study

Manuscript number (if known): TCR-24-1313

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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: 19.11.2024

Your Name: Tiberiu Damian

Manuscript Title: Feasibility and Patient Reported Tolerance of Cryotherapy with Cooral Mouth Cooling Device in Patients Undergoing Radiation Therapy (CooRay): A Pilot Study

Manuscript number (if known): TCR-24-1313-CL

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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: 15.11.2024
 Your Name: Tobias Finazzi
 Manuscript Title: Feasibility and Patient Reported Tolerance of Cryotherapy with Cooral Mouth Cooling Device in Patients Undergoing Radiation Therapy (CooRay): A Pilot Study
 Manuscript number (if known): TCR-24-1313-CL

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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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: Nov. 18 2024

Your Name: Tristan Bauer

Manuscript Title: Feasibility and Patient Reported Tolerance of Cryotherapy with Cooral Mouth Cooling Device in Patients Undergoing Radiation Therapy (CooRay): A Pilot Study

Manuscript number (if known): TCR-24-1313-CL

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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:

I have nothing to disclose.

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: 19.11.2024

Your Name: Jens Lustenberger

Manuscript Title: Feasibility and Patient Reported Tolerance of Cryotherapy with Cooral Mouth Cooling Device in Patients Undergoing Radiation Therapy (CooRay): A Pilot Study

Manuscript number (if known): TCR-24-1313-CL

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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 summarize the above conflict of interest in the following box:

I do not have any 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.

ICMJE DISCLOSURE FORM

Date: 15-01-2024
 Your Name: BUNEVA, HATICE
 Manuscript Title: Feasibility and Patient Reported Tolerance of Cryotherapy with Cooral Mouth Cooling Device in Patients Undergoing Radiation Therapy (CooRay): A Pilot Study
 Manuscript number (if known): TCR-24-1313-CL

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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



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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: 2024/12/04

Your Name: Shirin Davarpanah Jazi

Manuscript Title: Feasibility and Patient Reported Tolerance of Cryotherapy with Cooral Mouth Cooling Device in Patients Undergoing Radiation Therapy (CooRay): A Pilot Study

Manuscript number (if known): TCR-24-1313-CL

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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.	BrainCool AB	Provided the equipment for conducting the study.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<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 type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None BrainCool AB	I am an employee for BrainCool AB which is the manufacturer of the cooling device used in current study.

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

I am an employee of BrainCool AB which produced the cooling device for current study.

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: 13.11.2024

Your Name: Alexandros Papachristofilou

Manuscript Title: Feasibility and Patient Reported Tolerance of Cryotherapy with Cooral Mouth Cooling Device in Patients Undergoing Radiation Therapy (CooRay): A Pilot Study

Manuscript number (if known): TCR-24-1313-CL

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