| Date:              | March 5 <sup>th</sup> ,2021  |
|--------------------|--|
| Your Name          | Anton Brosig   |
| Manuscript Title:_ | Standard of care in treating periocular basal cell carcinoma: recommendations from |
|                    | the German S2k guidelines  |

Manuscript number (if known):

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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|---|---|
|   |  |   | plaining of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | None  |   |
|   |  |   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None  |   |
| 3 | Royalties or licenses  | None  |   |
| 4 | Consulting fees  | None  |   |

| 5  | Payment or honoraria for   | None  |  |
|----|--|-------|--|
|    | lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events |       |  |
| 6  | Payment for expert   | None  |  |
|    | testimony  |       |  |
| 7  | Support for attending meetings and/or travel   | None  |  |
|    |  |       |  |
|    |  |       |  |
| 8  | Patents planned, issued or   | None  |  |
|    | pending  |       |  |
| 9  | Participation on a Data  | None  |  |
|    | Safety Monitoring Board or<br>Advisory Board   |       |  |
| 10 | Leadership or fiduciary role   | None  |  |
|    | in other board, society,   |       |  |
|    | committee or advocacy<br>group, paid or unpaid   |       |  |
| 11 | Stock or stock options   | None  |  |
|    |  |       |  |
| 12 | Receipt of equipment,  | XNone |  |
|    | materials, drugs, medical  |       |  |
|    | writing, gifts or other<br>services  |       |  |
| 13 | Other financial or non-  | None  |  |
|    | financial interests  |       |  |
|    |  |       |  |

None

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

| Date:                         | 11/26/2021   |
|-------------------------------|--|
| Your Name:                    | Maximillian Kurz   |
| Manuscript Title:             | Standard of care in treating periocular basal cell carcinoma: recommendations from the German S2k guidelines |
| Manuscript Number (if known): | FOMM-21-27   |

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 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.

|   |   | 0000:/0000000 |      | ies with whom you have this<br>r 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<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br><b>No time limit for<br/>this item.</b> |               | None |   | Click the tab key to add additional rows.   |
|   |   |               |      | Time frame: past 36 month   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |               | None |   |   |
| 3 | Royalties or<br>licenses  |               | None |   |   |

1

|    |   | Name all entities with whom you have this<br>relationship or indicate none (add rows as needed)Specifications/Comments (e.g., if payments were<br>made to you or to your institution) |
|----|---|---|
| 4  | Consulting fees   | ☑    None      □    □      □    □   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |
| 6  | Payment for<br>expert testimony   | None  |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None  |
| 8  | Patents planned,<br>issued or<br>pending  | ☑  None    □  □    □  □    □  □   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None  |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None  |

|    |   | 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) |
|----|---|--|---|
| 11 | Stock or stock<br>options   | None   |   |
| 12 | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | None   |   |
| 13 | Other financial or<br>non-financial<br>interests  | None   |   |

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

Libech 27 M.21 /

Date:\_\_\_\_\_March 5<sup>th</sup>,2021\_\_

Your Name: Roya Piria

Manuscript Title:\_ Standard of care in treating periocular basal cell carcinoma: recommendations from the German S2k guidelines

Manuscript number (if known):

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.

|      |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|------|--|--|---|
|      |  | Time frame: Since the initial  |   |
| 1    | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
| 27.4 | And the second second  | Time frame: past   | 36 months   |
| 2    | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3    | Royalties or licenses  | XNone  |   |
| 4    | Consulting fees  | XNone  |   |

| 5        | Payment or honoraria for     | _XNone |  |
|----------|------------------------------|--------|--|
|          | lectures, presentations,     |        |  |
|          | speakers bureaus,            |        |  |
|          | manuscript writing or        |        |  |
|          | educational events           |        |  |
| 6        | Payment for expert           | _XNone |  |
|          | testimony                    |        |  |
|          |                              |        |  |
| 7        | Support for attending        | XNone  |  |
|          | meetings and/or travel       |        |  |
|          |                              |        |  |
|          |                              |        |  |
| 2.4.05   |                              |        |  |
| 8        | Patents planned, issued or   | XNone  |  |
| ~        | pending                      |        |  |
|          |                              | -      |  |
| 9        | Participation on a Data      | XNone  |  |
|          | Safety Monitoring Board or   |        |  |
|          | Advisory Board               |        |  |
| 10       | Leadership or fiduciary role | XNone  |  |
|          | in other board, society,     |        |  |
|          | committee or advocacy        |        |  |
|          | group, paid or unpaid        |        |  |
| 11       | Stock or stock options       | XNone  |  |
|          |                              |        |  |
|          |                              |        |  |
| 12       | Receipt of equipment,        | XNone  |  |
|          | materials, drugs, medical    |        |  |
|          | writing, gifts or other      |        |  |
| 00000000 | services                     | X None |  |
| 13       | Other financial or non-      |        |  |
|          | financial interests          |        |  |
|          |                              |        |  |

None

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

| Date:                         | 11/26/2021   |
|-------------------------------|--|
| Your Name:                    | Jin Hee Choi   |
| Manuscript Title:             | Standard of care in treating periocular basal cell carcinoma: recommendations from the German S2k guidelines |
| Manuscript Number (if known): | FOMM-21-27   |

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 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.

|   |   | e all entities with whom you have this<br>onship 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 o   | of the work   |
| 1 | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab hey to and additional resis.  |
|   |   | Time frame: past 36 months   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

1

|    |   | Name all entities with whom you have this selationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|---|--|
| 4  | Consulting fees   | None   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |
| 6  | Payment for<br>expert testimony   | None   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None   |

|      |   |         | e all entities with whom you have this<br>ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|---|---------|---|---|
| 11   | Stock or stock<br>options   |         | None  |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services |         | None  |   |
| 13   | Other financial or<br>non-financial<br>interests  |         | None  |   |
| Plea | ase place an "X" nex  | t to th | e following statement to indicate your agreem   | ent:  |

Libech, 29 MLOZI

| Date:                         | 11/26/2021   |
|-------------------------------|--|
| Your Name:                    | Kristina Erikson   |
| Manuscript Title:             | Standard of care in treating periocular basal cell carcinoma: recommendations from the German S2k guidelines |
| Manuscript Number (if known): | FOMM-21-27   |

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 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.

|   |   | 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<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br><b>No time limit for</b><br><b>this item.</b> | ⊠ None   | Ciers the fan Les to add adorflocatinees.   |
|   |   | Time frame: past 36 mont   | ns  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

|    |   | Name all entities with whom you have this<br>relationship or indicate none (add rows as needed)Specifications/Comments (e.g., if payments were<br>made to you or to your institution) |
|----|---|---|
| 4  | Consulting fees   | None  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |
| 6  | Payment for<br>expert testimony   | None  |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None  |
| 8  | Patents planned,<br>issued or<br>pending  | None  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ☑    None   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None  |

|    |   | 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) |
|----|---|--|---|
| 11 | Stock or stock<br>options   | ☑    None  |   |
| 12 | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ☑    None  |   |
| 13 | Other financial or<br>non-financial<br>interests  | None   |   |

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

Kristina Euleron

Lübeck, 30. M. 2021

Date:\_\_\_\_\_March 5<sup>th</sup>,2021\_\_\_\_\_

Your Name:\_\_\_\_\_Yongwei Guo\_\_\_

Manuscript Title:\_ Standard of care in treating periocular basal cell carcinoma: recommendations from the German S2k guidelines

Manuscript number (if known):

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.

|   |                               | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|-------------------------------|---|---|
| 1 | All support for the present   | X None  |   |
| T | 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      | _X_None   |   |
|   | any entity (if not indicated  |   |   |
|   | in item #1 above).            |   |   |
| 3 | Royalties or licenses         | <u>X</u> None   |   |
|   |                               |   |   |
|   |                               |   |   |
| 4 | Consulting fees               | _X_None   |   |
|   |                               |   |   |
|   |                               |   |   |

| 5  | Payment or honoraria for                           | <u>X</u> None |  |
|----|--|---------------|--|
|    | lectures, presentations,                           |               |  |
|    | speakers bureaus,                                  |               |  |
|    | manuscript writing or                              |               |  |
|    | educational events                                 |               |  |
| 6  | Payment for expert                                 | <u>X</u> None |  |
|    | testimony  |               |  |
|    |  |               |  |
| 7  | Support for attending<br>meetings and/or travel    | X_None        |  |
|    |  |               |  |
|    |  |               |  |
| 8  | Patents planned, issued or                         | <u>X</u> None |  |
|    | pending  |               |  |
|    |  |               |  |
| 9  | Participation on a Data                            | <u>X</u> None |  |
|    | Safety Monitoring Board or                         |               |  |
|    | Advisory Board                                     |               |  |
| 10 | Leadership or fiduciary role                       | XNone         |  |
|    | in other board, society,                           |               |  |
|    | committee or advocacy                              |               |  |
|    | group, paid or unpaid                              | N et          |  |
| 11 | Stock or stock options                             | <u>X</u> None |  |
|    |  |               |  |
| 10 |  | X             |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical | <u>X</u> None |  |
|    | writing, gifts or other                            |               |  |
|    | services   |               |  |
| 13 | Other financial or non-                            | X None        |  |
| 15 | financial interests                                |               |  |
|    |  |               |  |
|    |  |               |  |

Conflict of interest: None

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

Woun.

Date:\_\_\_\_\_March 5<sup>th</sup>,2021\_\_\_\_\_

Your Name: Ludwing M. Heindl

Manuscript Title:\_ Standard of care in treating periocular basal cell carcinoma: recommendations from the German S2k guidelines

Manuscript number (if known):

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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | _X_None  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None   |   |
| 3 | Royalties or licenses  | _X_None  |   |
| 4 | Consulting fees  | <u>X</u> None  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events<br>Payment for expert<br>testimony | <u>X</u> None<br><u>X</u> None |
|----|---|--------------------------------|
| 7  | Support for attending meetings and/or travel  | _X_None                        |
| 8  | Patents planned, issued or<br>pending   | <u>X</u> None                  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board   | <u>X</u> None                  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid  | <u>_X_</u> None                |
| 11 | Stock or stock options  | _X_None                        |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services   | X_None                         |
| 13 | Other financial or non-<br>financial interests  | <u>X</u> None                  |

None

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.

Cologne, 13-MAR-2021

Z. 14. Heill.

| Date:              | March 5 <sup>th</sup> ,2021  |
|--------------------|--|
| Your Name          | Mahdy Ranjbar  |
| Manuscript Title:_ | Standard of care in treating periocular basal cell carcinoma: recommendations from |
|                    | the German S2k guidelines  |

Manuscript number (if known):

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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | X_None  |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | <u> </u>  |   |
| 3 | Royalties or licenses  | None  |   |
| 4 | Consulting fees  | None  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,                                  | None |  |
|----|--|------|--|
|    | manuscript writing or<br>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<br>Safety Monitoring Board or<br>Advisory Board                                    | None |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid | None |  |
| 11 | Stock or stock options   | None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                  | None |  |
| 13 | Other financial or non-<br>financial interests   | None |  |

None

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

hin

Date: Your Name Manuscript Title:\_ March 5<sup>th</sup>,2021 Salvatore Grisanti Standard of care in treating periocular basal cell carcinoma: recommendations from the German S2k guidelines

Manuscript number (if known):

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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
| 3 |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None  |   |
| 3 | Royalties or licenses  | XNone   |   |
| 4 | Consulting fees  | <u>X</u> None   |   |

| 5  | Payment or honoraria for                       | X None           |
|----|--|------------------|
|    | lectures, presentations,                       |                  |
|    | speakers bureaus,                              |                  |
|    | manuscript writing or                          |                  |
|    | educational events                             |                  |
| 6  | Payment for expert testimony                   | <u>X</u> None    |
|    |  |                  |
|    |  |                  |
| 7  | Support for attending meetings and/or travel   | <u>X</u> None    |
|    |  |                  |
|    |  |                  |
| 8  | Patents planned, issued or                     | _X_None          |
|    | pending  |                  |
|    |  |                  |
| 9  | Participation on a Data                        | _ <u>X_</u> None |
|    | Safety Monitoring Board or                     |                  |
|    | Advisory Board                                 | N                |
| 10 | Leadership or fiduciary role                   | X_None           |
|    | in other board, society,                       |                  |
|    | committee or advocacy<br>group, paid or unpaid |                  |
| 11 | Stock or stock options                         | X None           |
| 11 |  |                  |
|    |  |                  |
| 12 | Receipt of equipment,                          | X None           |
|    | materials, drugs, medical                      |                  |
|    | writing, gifts or other                        |                  |
|    | services                                       |                  |
| 13 | Other financial or non-<br>financial interests | <u>X</u> None    |
|    |  |                  |
|    |  |                  |

None

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

X March 19th 2021

Direktor: Prof. Dr. med. S. Grisanti

Date: Your Name Manuscript Title:\_ the German S2k guidelines Manuscript number (if known): March 5<sup>th</sup>,2021 Vinodh Kakkassery Standard of care in treating periocular basal cell carcinoma: recommendations from

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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution)<br>planning of the work |
|---|--|---|---|
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | None  |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None  |   |
| 3 | Royalties or licenses  | X_None  |   |
| 4 | Consulting fees  | X_None  |   |

| 5  | Payment or honoraria for lectures, presentations,                       | _X_None           |  |
|----|---|-------------------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events        |                   |  |
| 6  | Payment for expert  | <u>    X</u> None |  |
|    | testimony   |                   |  |
| 7  | Support for attending meetings and/or travel                            | <u>X</u> None     |  |
|    |   |                   |  |
|    |   |                   |  |
| 8  | Patents planned, issued or  | <b>_X</b> _None   |  |
|    | pending   |                   |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board | _X_None           |  |
|    |   |                   |  |
|    |   |                   |  |
| 10 | Leadership or fiduciary role<br>in other board, society,                | _X_None           |  |
|    | committee or advocacy<br>group, paid or unpaid                          |                   |  |
| 11 | Stock or stock options  | <u>X</u> None     |  |
|    |   |                   |  |
| 12 | Dessite of any imment   | X None            |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical                      |                   |  |
|    | writing, gifts or other<br>services                                     |                   |  |
| 13 | Other financial or non-<br>financial interests                          | _ <b>X</b> _None  |  |
|    |   |                   |  |
|    |   |                   |  |

None

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

Viroll Adduly