

ICMJE DISCLOSURE FORM

Date: 4/22/2022

Your Name: [Dani Stanbouly]

Manuscript Title: [Edentulism (missing teeth) and brain central nervous system (CNS) deafferentation: A Narrative Review]

Manuscript Number (if known): [Click or tap here to enter text.]

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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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 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: 04/23/22
Your Name: Qingcong Zeng
Manuscript Title: Edentulism (missing teeth) and brain central nervous system (CNS) deafferentation
Manuscript Number (if known): FOMM-2020-OIOMS-16(FOMM-21-117).

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

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

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ICMJE DISCLOSURE FORM

Date: 4/22/2022

Your Name: [Yi-Tai Jou]

Manuscript Title: [Edentulism (missing teeth) and brain central nervous system (CNS) deafferentation: A Narrative Review]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 4/22/2022

Your Name: [Sung-Kiang Chuang]

Manuscript Title: [Edentulism (missing teeth) and brain central nervous system (CNS) deafferentation: A Narrative Review]

Manuscript Number (if known): [Click or tap here to enter text.]

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