

## ICMJE DISCLOSURE FORM

**Date:** \_\_\_\_\_ June 23, 2023 \_\_\_\_\_

**Your Name:** \_\_\_\_\_ Peter Ngan \_\_\_\_\_

**Manuscript Title:** \_\_\_\_\_ Orthopedic Treatment of Class II Malocclusion with Mandibular Deficiency: \_\_\_\_\_

A Clinical Practice Review

**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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_____ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____ None	
3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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 Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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:**

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.**

## ICMJE DISCLOSURE FORM

Date: July 02, 2023

Your Name: Dr Sandra Khong Tai

Manuscript Title: Orthopedic Treatment of Class II Malocclusion with Mandibular Deficiency: A Clinical Practice Review

Manuscript number (if known): FOMM-22-69-R

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ Yes	Dr Tai is a member of the Clinical Advisory Board of Align Technology Inc, the manufacturer of the Invisalign with Mandibular Advancement appliance and is paid an annual stipend as a board member

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Yes	Dr Tai is a member of Align Tech Global faculty and receives honoraria for speaking at Align sponsored conferences.
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ Yes	Align Technology Inc will sponsor travel to an Align organized event where Dr Tai is lecturing.
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ Yes	Dr Tai is a member of the Clinical Advisory Board for Align Technology Inc North America
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ Yes	Dr Tai does NOT receive stock options, but privately owns some stock in Align Technology Inc (ALGN)
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:**

Dr Sandra Tai is a member of the Clinical Advisory Board North America for Align Technology Inc, the manufacturer of the Invisalign with Mandibular Advancement appliance and is paid an annual stipend as a board member. Dr Tai is a member of Align Tech Global faculty, lectures for Align Tech globally and receives honoraria for speaking at Align sponsored conferences. Align Technology Inc will sponsor travel to an Align organized event where Dr Tai is lecturing. Dr Tai does NOT receive stock options, but privately owns some stock in Align Technology Inc (ALGN).

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.

A handwritten signature in black ink, appearing to read "Sandra Jari". The signature is written in a cursive style with a large initial "S" and a distinct "Jari" at the end.