

ICMJE DISCLOSURE FORM

Date: June 14, 2021

Your Name: Raewyn G Campbell

Manuscript Title: Paediatric Sinonasal Surgery. A Literature 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)
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	Seqirus - honoraria for lectures and advisory board Novartis - honoraria for membership of Xolair steering committee Medtronic – honoraria for lectures and consultant	
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	Seqirus advisory board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	-General council member of Women in Rhinology Section of the American Rhinologic Society -International Committee member of the North American Skull Base Society -Coordinator: MQ Health Skull Base Surgery Multidisciplinary Team -Education Coordinator Australia and New Zealand Skull Base Society.	
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:

The author reports honoraria from Seqirus, Novartis and Medtronic. The author reports participation on Seqirus advisory board. The author is a general council member of Women in Rhinology Section of the American Rhinologic Society, an international Committee member of the North American Skull Base Society, a coordinator of MQ Health Skull Base Surgery Multidisciplinary Team and an education coordinator of Australia and New Zealand Skull Base Society.

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.