Date: June 29th, 2021 Your Name: Amshuman Rao Manuscript Title: Endoscopic Management of En-Plaque Cholesteatoma Associated with Tympanic Membrane Perforations Manuscript number: AJO-20-86

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 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

Date: June 29th, 2021 Your Name: Craig Paul Mooney Manuscript Title: Endoscopic Management of En-Plaque Cholesteatoma Associated with Tympanic Membrane Perforations Manuscript number: AJO-20-86

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8	Patents planned, issued or pending	XNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

Date:_____June 28, 2021____ Your Name:____Andrew Ma__ Manuscript Title:_____ Manuscript number (if known): AJO-20-86-R1

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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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.

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

Date: June 29th 2021 Your Name: Nicholas Jufas Manuscript Title: Endoscopic Management of En-Plaque Cholesteatoma Associated with Tympanic Membrane Perforations Manuscript number (if known): AJO-20-86-R1

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3	Royalties or licenses	XNone	

4	Consulting fees	X None	
5	Payment or honoraria for	XNone	
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	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	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 services		
13	Other financial or non-	XNone	
	financial interests		

None

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

 Date:
 July 10th 2021____

 Your Name:
 Alex Saxby___

 Manuscript Title:
 Endoscopic Management of En-Plaque Cholesteatoma Associated with Tympanic Membrane

 Perforations
 Perforations

Manuscript number (if known):_____ AJO-20-86-R1______

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4	Consulting fees	XNone	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

Date:____Feb. 25th, 2021____ Your Name:Jonathan H K Kong__ Manuscript Title:_____ Endoscopic Management of En-Plaque Cholesteatoma Associated with Tympanic Membrane Perforations

Manuscript number (if knownAJO-20-86

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2	Grants or contracts from any entity (if not indicated 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 meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12			
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: June 29th 2021 Your Name: Nirmal Patel Manuscript Title: Endoscopic Management of En-Plaque Cholesteatoma Associated with Tympanic Membrane Perforations Manuscript number (if known): AJO-20-86-R1

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3	Royalties or licenses	XNone			

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	XNone	
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6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X None	

None

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