

## ICMJE DISCLOSURE FORM

Date: 1/11/2021

Your Name: Cara Morris

Manuscript Title: "Otolaryngology driven percutaneous endoscopic placement of gastrostomy tubes as part of integrative head and neck cancer service" \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ manuscript ID: AJO-21-33

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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		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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	None	

**Please summarize the above conflict of interest in the following box:**

Nil
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**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: 1/11/2021

Your Name: Belen Kornfeld

Manuscript Title: "Otolaryngology driven percutaneous endoscopic placement of gastrostomy tubes as part of integrative head and neck cancer service" \_\_\_\_\_

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Date: 1/11/2021

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