Date: 20/4/23
Your Name: Thomas Beddow
Manuscript Title: Elective neck dissection improves regional control in early oral squamous cell carcinoma
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 <u>current 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.

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		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	_X_None	

5	Payment or honoraria for	X None	
	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		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	<u></u>	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:

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.

4/21/2023

Date:

Your Name:			Hubert Low		
Manuscript Title:			Elective neck dissection improves regional control in early oral squamous cell carcinoma		
Ma	nuscript Number (if I	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 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 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 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.			t-for-profit third parties whose interests may be at to transparency and does not necessarily (interest, it is preferable that you do so.) example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			l entities with whom you have this ship 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	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.	XNo	one	Click the tab key to add additional rows.	
			Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNo	one one		
3	Royalties or licenses	No	one one		

		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)
4	Consulting fees	None X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None X_None	
6	Payment for expert testimony	None _X_None	
7	Support for attending meetings and/or travel	None X_None	
8	Patents planned, issued or pending	None X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None X_None	

		Name all entities with whom you have this relationship or indicate none (add rows as n	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	□ None _X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None _X_None	
13	Other financial or non-financial interests	None _X_None	
Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		•	4/21/2023		
Your Name:			Kan Gao		
Manuscript Title:			Elective neck dissection improves regiona	l control in early oral squamous cell carcinoma	
Mar	nuscript Number (if k	nown):	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 laffected 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 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 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.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses		one		

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6	Payment for expert testimony	None _X_None	
7	Support for attending meetings and/or travel	None X_None	
8	Patents planned, issued or pending	None X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None X_None	

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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None X_None		
13	Other financial or non-financial interests	XNone		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			4/21/2023		
Your Name:			James Wykes		
Manuscript Title:			Elective neck dissection improves regiona	l control in early oral squamous cell carcinoma	
Mar	nuscript Number (if k	(nown):	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 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 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, ever 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.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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3	Royalties or licenses		one		

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None X_None	
6	Payment for expert testimony	None _X_None	
7	Support for attending meetings and/or travel	None X_None	
8	Patents planned, issued or pending	None X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None X_None	

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11	Stock or stock options	□ None _X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None _X_None	
13	Other financial or non-financial interests	None _X_None	
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Date:			4/21/2023		
Your Name:			Ruta Gupta		
Manuscript Title:			Elective neck dissection improves regiona	l control in early oral squamous cell carcinoma	
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		pt. "Rela of the mar e in doubt s/activition nsion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
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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.	XNc	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	XNc	one		

		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)
4	Consulting fees	None X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None X_None	
6	Payment for expert testimony	None _X_None	
7	Support for attending meetings and/or travel	None X_None	
8	Patents planned, issued or pending	None X_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	

		Name all entities with whom you have this relationship or indicate none (add rows as n	Specifications/Comments (e.g., if payments were eeded) made to you or to your institution)
11	Stock or stock options	□ None _X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None _X_None	
13	Other financial or non-financial interests	None _X_None	
	Please place an "X" next to the following statement to indicate your agreement:		
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			4/21/2023		
Your Name:			Jonathan Clark		
Manuscript Title:			Elective neck dissection improves regiona	al control in early oral squamous cell carcinoma	
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the man e in doubt as/activition insion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
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8	Patents planned, issued or pending	None X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	_X_	None _None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_	None _None	
13	Other financial or non-financial interests	_X_	NoneNone	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: 20/4/23
Your Name: Michael Elliott
Manuscript Title: Elective neck dissection improves regional control in early oral squamous cell carcinoms
Manuscript number (if known):

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		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	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
_	Comment for a thought a	V. Name	
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 Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Pecaint of equipment	X None	
12	Receipt of equipment, materials, drugs, medical		
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