Date: 23/8/23

Your Name: Lee Pryor

Manuscript Title: A randomised crossover trial examining the perceived clinical benefits of fenestrated tracheostomy

tubes in head and neck patients.

Manuscript number (if known): AJO-23-15-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.

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.	Yes Time frame: past	Royal Adelaide Hospital Allied Health Grant (Acraman Bequest) \$15,000 to enable clinical backfill to conduct the study and quarantined time for manuscript preparation South Australia Allied Health & Scientific Office (ASHO) Seed Funding \$1,000
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
	J		
5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony	X None	
	testimony		
7	Support for attending meetings and/or travel	Yes	Registration at the Australian Society of Otolaryngology Head & Neck Surgery (ASOHNS) annual scientific meeting (Adelaide 2022) was funded by the South Australian Foundation of Otorhinolaryngology Head &
			Neck Surgery
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
10	Advisory Board	V Nana	
10	Leadership or fiduciary role in other board, society,	X None	
	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		
42	services	V N	
13	Other financial or non- financial interests	X None	

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

I have received \$16,000 in total from grant funding bodies to conduct the research, and conference registration to present the findings from the current manuscript was funded by the non-profit organization listed above.
present the infames from the current manuscript was funded by the non-profit organization listed above.

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.			

Date:	18/9/23		
Your Name:	Ahmed	12085/auni	
Manuscript Title:	17.		
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.

		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.	None	
		Time frame: past	36 months
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	None None
	lectures, presentations,	
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
		Paring allow a paring his brail to be a constructed to the brain and a transfer of the brain and a finite brain the brain and
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:

No	conficts	of	mterest	

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.

Date	e:25/09/23					
You	r Name:Oliver Da	le				
Mar	Manuscript Title: A randomised crossover trial examining the perceived clinical benefits of fenestrated					
trac	tracheostomy tubes in head and neck patients					
Mar	uscript number (if known)	: AJO-23-15-R1				
relat part to tr	ted to the content of your i ies whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.			
	following questions apply uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to th	• •	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.			
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as	, and the second			
		needed)				
		Time frame: Since the initia	al planning of the work			
1	All support for the present	XNone				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: pas	t 36 months			
2	Grants or contracts from	XNone				
	any entity (if not indicated					
2	in item #1 above).	l v N				
3	Royalties or licenses	XNone				

Consulting fees

X__None

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
c	educational events Payment for expert	V. None				
6	testimony	XNone				
	testimony					
7	Support for attending	X None				
•	meetings and/or travel					
	,					
8	Patents planned, issued or	X None				
	pending					
	<u>-</u>					
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					
11	group, paid or unpaid Stock or stock options	X None				
11	Stock of Stock options					
12	Receipt of equipment,	X None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	XNone				
	financial interests					
Plaa	Please summarize the above conflict of interest in the following box:					
i ica	Lease saminarize the above conflict of interest in the following box.					

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:21/8/23
Your Name: Rachel Goggin
Manuscript Title: A randomised crossover trial examining the perceived clinical benefits of fenestrated
tracheostomy tubes in head and neck patients
Manuscript number (if known): AJO-23-15-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.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
4		I	planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
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	
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	VNI-	
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
		<u> </u>	
Plea	se summarize the above co	nflict of interest in the foll	owing box:

__X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	13/12/23_								
Your	Your Name: James Badlani								
Manu	script Title:	A ran	domised crossover trial exa	amining the perceived clinical					
benefits of fenestrated tracheostomy tubes in head and neck patients									
Manu	script number	(if known):	AJO-23-15-R1						
	-								
In the	interest of trai	nsparency, w	e ask you to disclose all rela	ationships/activities/interests					
listed	below that are	!							
relate	ed to the conter	nt of your ma	nuscript. "Related" means	any relation with for-profit or					
not-f	or-profit third								
partie	es whose intere	sts may be af	fected by the content of th	e manuscript. Disclosure					
repre	sents a commit	ment							
to tra	nsparency and	does not nec	essarily indicate a bias. If y	ou are in doubt about whether to					
list a	relationship/ac	tivity/interes	t, it is preferable that you o	do so.					
	• .	ons apply to t	the author's relationships/a	activities/interests as they relate					
	<u>current</u>								
<u>manเ</u>	script only.								
		ıships/activiti	es/interests should be <u>def</u> i	ned broadly. For example, if your					
	script pertains								
			· ·	relationships with manufacturers					
of an	tihypertensive r	medication, e	ven if that medication is no	ot mentioned in the manuscript.					
	•		rt for the work reported in	this manuscript without time					
	For all other it								
the ti	me frame for di	isclosure is th	e past 36 months.						
			Nome all autition with	Su acifications/Commonts					
			Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your					
			relationship or indicate	institution)					
			none (add rows as needed)						
			Time frame: Since the initial	planning of the work					
1	All support for t	the present	X None						
	manuscript (e.g	-							
	provision of stu	idy materials,							
	medical writing								
	processing char	-							
	No time limit fo	or this item.							
	1		1						

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	XNone	
	item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10		XNone	

	committee or advocacy group, paid or unpaid			
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	XNone		
easi	e summarize the above conf	lict of interest in the	following hox:	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dr James Badlani

Date: 7/12/2023	
Your Name: Dr. ANDREW CHENG	
Manuscript Title:	
Manuscript number (if known):	

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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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	st 36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for	None			
	lectures, presentations, speakers bureaus, manuscript writing or				
	Payment for expert testimony	None			
r:	Support for attending meetings and/or travel	None			
,	Patents planned, issued or pending	None			
)	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			
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			
PI	ease summarize the above co	nflict of interest in t	the following	box:	

Date:	_25/8/23
Your Name:_	Andrew Foreman
Manuscript T	itle: A randomised crossover trial examining the perceived clinical benefits of fenestrated tracheostomy tubes in head
and neck patie	nts
Manuscript n	umber (if known): AJO-23-15-R1

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			planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
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	V None	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
O	pending	^_NUITE	
	herramp		
9	Participation on a Data	X None	
	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	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 28/8/23

Your Name: JC Hodge

Manuscript Title: A randomised crossover trial examining the perceived clinical benefits of fenestrated tracheostomy

tubes in head and neck patients

Manuscript number (if known): AJO-23-15-R1

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		Time frame: past	36 months
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,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	_		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Nil conflicts of interest		

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.