

ICMJE DISCLOSURE FORM

Date: 02.06.2023

Your Name: Maria Comanici

Manuscript Title: Surgical treatment of thoracic metastases of adenoid cystic carcinoma of the base of the tongue: a case report

Manuscript number (if known): SHC-23-6-R2

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.

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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.	X None	
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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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>None</u>	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>None</u>	

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

None

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.

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Date: 02.06.2023

Your Name: Nora Mayer

Manuscript Title: Surgical treatment of thoracic metastases of adenoid cystic carcinoma of the base of the tongue: a case report

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Date: 02.06.2023

Your Name: Graham Smith

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Date: 19.06.2023

Your Name: Robertus Jan LUKAS

Manuscript Title: Surgical treatment of thoracic metastases of adenoid cystic carcinoma of the base of the tongue: a case report

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Your Name: Vladimir Anikin

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