

ICMJE DISCLOSURE FORM

Date: 2021/6/8
 Your Name: Tzu-Yuan Chao
 Manuscript Title: Is Pathological T4a an Independent Indication of Adjuvant Therapy in Buccal Mucosal or Gingival Squamous Cell Carcinoma?
 Manuscript number (if known): TRO-21-1

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

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u> V </u> None | |
| | | | |
| | | | |
| 3 | Royalties or licenses | <u> V </u> None | |
| | | | |
| | | | |
| 4 | Consulting fees | <u> V </u> None | |
| | | | |

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

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

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors

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.