Date:_	19 th June, 2023	_
Your Name:	 VU-Hsuan Chang.	
	 script Title: <u>Treatment Outcome and Prognostic Factors Analysis of Carcinoma Ex</u>	_
Pleom	orphic Adenoma of Major Salivary Glands_	
Manus	script number (if	

TRO-23-11 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 notfor-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>

manuscript only.

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 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,

		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)
	Т	ime frame: Since the initia	l 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	_XNone	

	item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_XNone	
5	Royanies of neerises		
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 meetings and/or travel	_XNone	
	meetings and/or traver		
0	Detents along ed issued	. Nere	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	_XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
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	

There was no conflict 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.

Date:	2023/6/19
Your Name:	
•	 ot Title: <u>Treatment Outcome and Prognostic Factors Analysis of Carcinoma Ex</u> <u>hic Adenoma of Major Salivary Glands_</u>

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 notfor-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>

manuscript only.

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 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,

		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)
	Т	ime frame: Since the initia	l 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	_XNone	

	item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_XNone	
5	Royanies of neerises		
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 meetings and/or travel	_XNone	
	meetings and/or traver		
0	Detents along ed issued	. Nere	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	_XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
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	

There was no conflict 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.

Date:	Jun 2	6,2023				
Your			c1 0 .			
Name:	lu	g-Hai	Chang			
		0	0			
Manuscr	ipt Title:	Treatment Ou	tcome and Prog	nostic Factors	Analysis of Car	<u>cinoma Ex</u>
Pleomor	phic Adeno	ma of Major Sa	alivary Glands			
	ipt number					
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 notfor-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>

manuscript only.

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,

		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)
3.45		ime frame: Since the initia	I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	_XNone	
	No time limit for this		

					,	
		 Tim	ie frame: pas	t 36 months		
2 Gr	ants or contracts from	_XNone				
in	y entity (if not dicated in item #1 oove).					
	oyalties or licenses	_XNone				
		Militaria de la composición de la compo				
4 Co	onsulting fees	_XNone				
					i.	
5 Pa	yment or honoraria for	_XNone				
leo	ctures, presentations,					
	eakers bureaus, anuscript writing or					
1.1010	ucational events	AND STORES				
	yment for expert stimony	_XNone	5			
					1	
7 Su	pport for attending	_XNone				
	eetings and/or travel					
8 Pa	tents planned, issued	_XNone				
	pending		1	-		-
	rticipation on a Data fety Monitoring Board	_XNone				
	Advisory Board					ALL
10	e de la construcción de la constru	N N				
	adership or fiduciary e in other board,	_XNone	3			
	ciety, committee or vocacy group, paid or					
	ock 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	

There was no conflict 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.

	ICMJE DISCLOSURE FORM
Date:	V June Lorg
Your Name:	Cemtan Ch

Manuscript Title:<u>Treatment Outcome and Prognostic Factors Analysis of Carcinoma Ex</u> <u>Pleomorphic Adenoma of Major Salivary Glands</u> 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 notfor-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>

manuscript only.

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,

		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)
		ime frame: Since the initia	I 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	_XNone	

	item.						
			à - '	· ·	N -		
Carl Carl			ame: past	36 months			inter and
	Grants or contracts from any entity (if not indicated in item #1	_XNone					
i Mar	above). Royalties or licenses	_XNone					
ł	Consulting fees	_XNone			n 0		
			<u>.</u>				
	Payment or honoraria for lectures, presentations,	_XNone					
	speakers bureaus,						
	manuscript writing or educational events	i an all	index (2 - s				
;	Payment for expert	_XNone				1	
	testimony						
	Support for attending meetings and/or travel	_XNone					
3.2		Sec. and					
	Patents planned, issued	_XNone					
	or pending						
	Participation on a Data Safety Monitoring Board	_XNone				2	
	or Advisory Board			400 £14.			
0	Leadership or fiduciary	_XNone					
1	role in other board, society, committee or advocacy group, paid or						
					1	•	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

There was no conflict 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.

Jun. 20, 2023 Date:	
Your	
Name:M - thing the	
Manuscript Title: Treatment Outcome and Prognostic Fa	actors Analysis of Carcinoma Ex
Pleomorphic Adenoma of Major Salivary Glands	
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 notfor-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>

manuscript only.

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,

		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)
	The second se	ime frame: Since the initia	I planning of the work
1	All support for the present manuscript (e.g., funding, provision of	_XNone	
	study materials, medical writing, article processing charges, etc.) No time limit for this		

	item.		
		a 2 8 1	
		Time frame: past 36 mont	hs
2	Grants or contracts from	_XNone	1
	any entity (if not indicated in item #1		
	above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	
4	Consulting lees		
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events	and the second	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
	incettings and/or traver		
8	Patents planned, issued or pending	_XNone	
-			
9	Participation on a Data Safety Monitoring Board	_XNone	
	or Advisory Board		
10	Leadership or fiduciary	None	
10	role in other board,		
	society, committee or advocacy group, paid or		
11	Stock or stock options	XNone	

10.73		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	_XNone

There was no conflict 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.