### ICMJE DISCLOSURE FORM

Date:\_\_\_\_April 21, 2022\_\_\_\_ Your Name:\_\_\_Roxanne Luo\_\_\_\_ Manuscript Title: Prof. Gianlorenzo Dionigi: We should build an international data sharing platform of neuromonitoring technology in the repair of the recurrent laryngeal nerve 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.

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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.

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|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None   |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

|    |   |                        | 1   |
|----|---|------------------------|---|
|    |   |                        |   |
| -  |   |                        |   |
| 5  | Payment or honoraria for lectures, presentations,                                 | XNone                  |   |
|    |   |                        |   |
|    | speakers bureaus,   |                        |   |
|    | manuscript writing or<br>educational events                                       |                        |   |
| 6  |   | X None                 |   |
| 0  | Payment for expert  | XNone                  |   |
|    | testimony   |                        |   |
| 7  | Support for attending   | X None                 |   |
| '  | meetings and/or travel  |                        |   |
|    | meetings and/or traver  |                        |   |
|    |   |                        |   |
|    |   |                        |   |
|    |   |                        |   |
| 8  | Patents planned, issued or  | XNone                  |   |
|    | pending   |                        |   |
|    |   |                        |   |
| 9  | Participation on a Data   | XNone                  |   |
|    | Safety Monitoring Board or  |                        |   |
|    | Advisory Board  |                        |   |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy | XNone                  |   |
|    |   |                        |   |
|    |   |                        |   |
|    | group, paid or unpaid   |                        |   |
| 11 | Stock or stock options  | XNone                  |   |
|    |   |                        |   |
|    |   |                        |   |
| 12 | Receipt of equipment,   | X_None                 |   |
|    | materials, drugs, medical   |                        |   |
|    | writing, gifts or other   |                        |   |
|    | services  |                        |   |
| 13 | Other financial or non-   | AME Publishing Company | Roxanne Luo is an intern editor of AME Publishing |
|    | financial interests   |                        | Company from February 17, 2022 to April 17, 2022. |
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Roxanne Luo is an intern editor of AME Publishing Company from February 17, 2022 to April 17, 2022.

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\_\_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:\_\_\_\_\_April 21, 2022\_\_\_\_\_ Your Name:\_\_\_ Grace S. Li\_\_\_\_ Manuscript Title: Prof. Gianlorenzo Dionigi: We should build an international data sharing platform of neuromonitoring technology in the repair of the recurrent laryngeal nerve 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.

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| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | X_None  |   |
| 3 | Royalties or licenses  | XNone   |   |

| 4  | Consulting fees  | XNone                  |  |
|----|--|------------------------|--|
|    |  |                        |  |
| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events | XNone                  |  |
| 6  | Payment for expert testimony   | XNone                  |  |
| 7  | Support for attending meetings and/or travel   | XNone                  |  |
| 8  | Patents planned, issued or pending   | XNone                  |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board  | XNone                  |  |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid               | XNone                  |  |
| 11 | Stock or stock options   | XNone                  |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                                | X_None                 |  |
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|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | <u>X</u> None  |   |
| З | Royalties or licenses  | X_None   |   |
| 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        | XNone   |
|    | meetings and/or travel       |         |
|    |                              |         |
|    |                              |         |
|    |                              |         |
| 8  | Patents planned, issued or   | X None  |
|    | pending                      |         |
|    |                              |         |
| 9  | Participation on a Data      | X None  |
| 9  | Safety Monitoring Board or   |         |
|    | Advisory Board               |         |
| 10 | Leadership or fiduciary role | X None  |
| 10 | in other board, society,     |         |
|    | committee or advocacy        |         |
|    | group, paid or unpaid        |         |
| 11 |                              | V. Novo |
| 11 | Stock or stock options       | XNone   |
|    |                              |         |
|    |                              |         |
| 12 | Receipt of equipment,        | X_None  |
|    | materials, drugs, medical    |         |
|    | writing, gifts or other      |         |
|    | services                     |         |
| 13 | Other financial or non-      | X_None  |
|    | financial interests          |         |
|    |                              |         |
|    |                              |         |

#### 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:

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