

## ICMJE DISCLOSURE FORM

Date: 9/20/22

Your Name: James Campbell

Manuscript Title: Lateral Neck Dissection Surgeon Volume and Complications in Head and Neck Endocrine Malignancy

Manuscript number (if known): GS-22-385-CL

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)
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

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

**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: 11/15/2022

Your Name: Hui-Jie Lee

Manuscript Title: Lateral Neck Dissection Surgeon Volume and Complications in Head and Neck Endocrine Malignancy

Manuscript number (if known): GS-22-385-R2

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I do not have anything to disclose.

**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.

## ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: Trinitia Y. Cannon

Manuscript Title: Lateral Neck Dissection Surgeon Volume and Complications in Head and Neck Endocrine Malignancy

Manuscript number (if known): GS-22-385-R2

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ Cook Medical	Consulting fees for lectures on implantable dopplers since March 2022

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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:**

Trinitia Cannon reports that she receives consulting fees from Cook Medical for lectures on implantable dopplers.

**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.**

## ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: Russel Kahmke

Manuscript Title: Lateral Neck Dissection Surgeon Volume and Complications in Head and Neck Endocrine Malignancy

Manuscript number (if known): GS-22-385-R2

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## ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: Liana Puscas

Manuscript Title: Lateral Neck Dissection Surgeon Volume and Complications in Head and Neck Endocrine Malignancy

Manuscript number (if known): GS-22-385-R2

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## ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: Daniel Rocke

Manuscript Title: Lateral Neck Dissection Surgeon Volume and Complications in Head and Neck Endocrine Malignancy

Manuscript number (if known): GS-22-385-R2

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## ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: Walter T Lee

Manuscript Title: Lateral Neck Dissection Surgeon Volume and Complications in Head and Neck Endocrine Malignancy

Manuscript number (if known): GS-22-385-R2

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