ICMJE DISCLOSURE FORM

Date: _____Dec. 1st, 2021_____  
Your Name: Yurong He  
Manuscript Title: A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis  
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.

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 |
| 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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                                   |       |
|---|---------------------------------------------------------------------------------------------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony                                                                 | __X__None |
| 7 | Support for attending meetings and/or travel                                                 | __X__None |
| 8 | Patents planned, issued or pending                                                            | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                           | __X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
| 11| Stock or stock options                                                                        | __X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services             | __X__None |
| 13| Other financial or non-financial interests                                                    | __X__None |

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.
ICMJE DISCLOSURE FORM

Date: ____Dec. 1st, 2021____
Your Name: ___Yingduan Cheng___
Manuscript Title: ____A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis____
Manuscript number (if known): ________________________________________________________________

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|   | **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.) | __X__None                                                                       |
|   | **No time limit for this item.**                                                      |                                                                                  |
|   | **Time frame: past 36 months**                                                       |                                                                                  |
| 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                                                                      |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                  | X | None |
| 7 | Support for attending meetings and/or travel                                   | X | None |
| 8 | Patents planned, issued or pending                                             | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board              | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                         | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services| X | None |
| 13| Other financial or non-financial interests                                     | X | None |

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ICMJE DISCLOSURE FORM

Date: ____ Dec. 1st, 2021____
Your Name: ___Zhigang Huang___
Manuscript Title: _____A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis_____ 
Manuscript number (if known): ___________________________________________________________

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| 4 | Consulting fees | _X_ None |
|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
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| 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   |

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ICMJE DISCLOSURE FORM

Date: _____ Dec. 1st, 2021 _____
Your Name: _____Wen Xu_____ 
Manuscript Title: _____A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis_____ 
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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| 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 | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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None.

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ICMJE DISCLOSURE FORM

Date: _____ Dec. 1st, 2021 _____
Your Name: ___ Rong Hu ___
Manuscript Title: _____ A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis _____
Manuscript number (if known): ________________________________

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|   | **No time limit for this item.**                                                                                   |                                                                                                                                    |

**Time frame: Since the initial planning of the work**

|   |                                                                 | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                         |
|   | Description                                                                 | Answer |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony                                                | _X_None |
| 7 | Support for attending meetings and/or travel                                 | _X_None |
| 8 | Patents planned, issued or pending                                          | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11| Stock or stock options                                                      | _X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
| 13| Other financial or non-financial interests                                   | _X_None |

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None.

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ICMJE DISCLOSURE FORM

Date:____ Dec. 1st, 2021____
Your Name: ___Liyu Cheng___
Manuscript Title: _____A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis____
Manuscript number (if known): ____________________________________________________________

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|   | No time limit for this item.                                                                   |                                                                                  |
|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**                                                                        |

Time frame: Since the initial planning of the work

Time frame: past 36 months
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| 11| Stock or stock options                                                      | _X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
| 13| Other financial or non-financial interests                                  | _X_None |

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Date:____Dec. 1st, 2021____
Your Name:___Shizhi He___
Manuscript Title:_____A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis____
Manuscript number (if known):______________________________________________________________

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| 3 | Royalties or licenses                                            | _X_ None |
| 4 | Consulting fees                                                 | _X_ None |

**Time frame: past 36 months**

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"Dec. 1st, 2021" and "Shizhi He" are placeholders for actual dates and names. The manuscript title and other details should be filled in accordingly.
|   | Description                                                                 | Response |
|---|------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X_None |
| 6 | Payment for expert testimony                                                  | __X_None |
| 7 | Support for attending meetings and/or travel                                   | __X_None |
| 8 | Patents planned, issued or pending                                            | __X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | __X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X_None |
| 11| Stock or stock options                                                        | __X_None |
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ICMJE DISCLOSURE FORM

Date:____Dec. 1\textsuperscript{st}, 2021_____  
Your Name: ___Changli Yue___  
Manuscript Title: _____A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis____  
Manuscript number (if known): ____________________________________________

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ICMJE DISCLOSURE FORM

Date: _____ Dec. 1\(^{st}\), 2021 _____
Your Name: ___ Gang Qin ___
Manuscript Title: _____ A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis _____
Manuscript number (if known): __________________________________________

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| **Time frame: past 36 months**                                                                                         |
| 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                                                                           |
|   | Description                                                                 | Answer |
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| 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   |
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| 13| Other financial or non-financial interests                                   | None   |

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ICMJE DISCLOSURE FORM

Date: _____ Dec. 1st, 2021 _____
Your Name: ___Yan Wang___
Manuscript Title: ____A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis____
Manuscript number (if known): ________________________________

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| 3 | Royalties or licenses                                                                          | _X_ None                                                                               |
| 4 | Consulting fees                                                                                | _X_ None                                                                               |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Summarized Interest |
|---|------------------------------------------------------------------------------|---------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None            |
| 6 | Payment for expert testimony                                                  | _X_ None            |
| 7 | Support for attending meetings and/or travel                                  | _X_ None            |
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ICMJE DISCLOSURE FORM

Date:____ Dec. 1st, 2021____
Your Name:___ Qi Zhong___
Manuscript Title:____ A deep convolutional neural network-based method for laryngeal squamous cell carcinoma diagnosis____
Manuscript number (if known):__________________________________________________________

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|   | **No time limit for this item.** | |
| 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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X_None |
| 6 | Payment for expert testimony                                            | __X_None |
| 7 | Support for attending meetings and/or travel                            | __X_None |
| 8 | Patents planned, issued or pending                                      | __X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | __X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X_None |
| 11| Stock or stock options                                                  | __X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X_None |
| 13| Other financial or non-financial interests                               | __X_None |

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.