ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Yu

2. Surname (Last Name)  
   Heng

3. Date  
   07-November-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Lei Tao

5. Manuscript Title  
   Risk Stratification and Corresponding Postoperative Treatment Strategies for Occult Contralateral Lymph Node Metastasis in Pyriform Sinus Squamous Cell Carcinoma Patients with Ipsilateral Node-Positive Necks

6. Manuscript Identifying Number (if you know it)  
   ATM-20-6037-R1

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Dr. Heng has nothing to disclose.

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1. Given Name (First Name)  
Xiaoke

2. Surname (Last Name)  
Zhu

3. Date  
22-January-2021

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[ ] Yes  ✔ No

Corresponding Author’s Name  
Lei Tao

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
ATM-20-6037-R2

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Dr. Zhu has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Liang

2. **Surname (Last Name)**  
   Zhou

3. **Date**  
   07-November-2020

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   Risk Stratification and Corresponding Postoperative Treatment Strategies for Occult Contralateral Lymph Node Metastasis in Pyriform Sinus Squamous Cell Carcinoma Patients with Ipsilateral Node-Positive Necks

6. **Manuscript Identifying Number (if you know it)**  
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Are there any relevant conflicts of interest?  

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- No

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Section 1. Identifying Information

1. Given Name (First Name) Ming
2. Surname (Last Name) Zhang
3. Date 07-November-2020
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name Lei Tao

5. Manuscript Title
   Risk Stratification and Corresponding Postoperative Treatment Strategies for Occult Contralateral Lymph Node Metastasis in Pyriform Sinus Squamous Cell Carcinoma Patients with Ipsilateral Node-Positive Necks
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## Section 1. Identifying Information

1. Given Name (First Name)  
Kenan

2. Surname (Last Name)  
Li

3. Date  
22-January-2021

4. Are you the corresponding author?  
Yes ☐  No ☑

Corresponding Author’s Name  
Lei Tao

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Dr. Li has nothing to disclose.

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Grant: A grant from an entity, generally [but not always] paid to your organization
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Lei

2. **Surname (Last Name)**
   - Tao

3. **Date**
   - 08-November-2020

4. **Are you the corresponding author?**
   - Yes ✔ No

5. **Manuscript Title**
   - Risk Stratification and Corresponding Postoperative Treatment Strategies for Occult Contralateral Lymph Node Metastasis in Pyriform Sinus Squamous Cell Carcinoma Patients with Ipsilateral Node-Positive Necks

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-6037-R1

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Tao has nothing to disclose.

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