

## ICMJE DISCLOSURE FORM

**Date:** 3/18/2022

**Your Name:** Susana Puig Sardà

**Manuscript Title:** Experience with sonidegib in patients with advanced basal cell carcinoma: case studies

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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.

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**Your Name:** Carlos Serra Guillén

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**Date:** 3/18/2022

**Your Name:** Gemma Pérez-Pastor

**Manuscript Title:** Experience with sonidegib in patients with advanced basal cell carcinoma: case studies

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** 3/18/2022

**Your Name:** Álvaro Martínez-Domenech

**Manuscript Title:** Experience with sonidegib in patients with advanced basal cell carcinoma: case studies

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
<b>3</b>	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

		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)								
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>SunPharma</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	SunPharma								
SunPharma											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>TAKEDA and KYOWA</td><td></td></tr> <tr><td>MSD</td><td></td></tr> <tr><td></td><td></td></tr> </table>	TAKEDA and KYOWA		MSD						
TAKEDA and KYOWA											
MSD											
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr><td>SunPharma</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	SunPharma								
SunPharma											
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>KYOWA, TAKEDA, Sunpharma</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	KYOWA, TAKEDA, Sunpharma								
KYOWA, TAKEDA, Sunpharma											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>Sunpharma</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Sunpharma								
Sunpharma											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Comité de expertos en cáncer cutáneo no melanoma</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Comité de expertos en cáncer cutáneo no melanoma								
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		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

Ricardo      Fernández de Misa Cabrera



24-03-2022