

## ICMJE DISCLOSURE FORM

**Date:**

10/27/2021

**Your Name:**

Antonio García Ruiz

**Manuscript Title:**

Benefit – risk assessment of sonidegib and vismodegib in the treatment of locally advanced basal cell carcinoma

**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.

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Your Name:

Nuria García-Agua Soler

Manuscript Title:

Benefit – risk assessment of sonidegib and vismodegib in the treatment of locally advanced basal cell carcinoma

Manuscript Number (if known):

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10/27/2021

Your Name:

Enrique Herrera Acosta

Manuscript Title:

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Manuscript Number (if known):

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Date:	10/27/2021
Your Name:	Iris Zalaudek
Manuscript Title:	Benefit – risk assessment of sonidegib and vismodegib in the treatment of locally advanced basal cell carcinoma
Manuscript Number (if known):	<a href="#">Click or tap here to enter text.</a>

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**Your Name:**

Josep Malvehy Guilera

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Click the tab key to add additional rows.							
<b>Time frame: past 36 months</b>							
<b>2</b> Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50;"></td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 5px;">Click the tab key to add additional rows.</td> </tr> </table>			None		Click the tab key to add additional rows.	
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<b>3</b> Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50;"></td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 5px;">Click the tab key to add additional rows.</td> </tr> </table>			None		Click the tab key to add additional rows.	
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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)										
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None									
None													
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Almirall</td><td>Pernosal honoraria for lectures, advisory board.</td></tr> <tr><td>Amgen</td><td>Educational grant to my institution</td></tr> <tr><td>Sunpharma</td><td>honoraria for expert review</td></tr> <tr><td>Sun Pharma, Roche, MSD, Novartis and BMS.</td><td>honoraria for workshop</td></tr> <tr><td></td><td>research and educational grants</td></tr> </table>		Almirall	Pernosal honoraria for lectures, advisory board.	Amgen	Educational grant to my institution	Sunpharma	honoraria for expert review	Sun Pharma, Roche, MSD, Novartis and BMS.	honoraria for workshop		research and educational grants
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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None									
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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None									
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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None									
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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Almirall</td><td></td></tr> <tr><td>Amgen</td><td></td></tr> <tr><td></td><td></td></tr> </table>		Almirall		Amgen							
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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None					
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None					
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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None					
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<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									