

# 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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<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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**Date:** 10/27/2021

**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):** [Click or tap here to enter text.](#)

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**Date:** 10/27/2021

**Your Name:** Enrique Herrera Acosta

**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.](#)

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**Your Name:** Iris Zalaudek

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

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**Your Name:** Josep Malveyh Guilera

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

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Amgen	honoraria for expert review										
Sunpharma	honoraria for workshop										
Sun Pharma, Roche, MSD, Novartis and BMS.	research and educational grants										
6	Payment for expert testimony	<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							
None											
7	Support for attending meetings and/or travel	<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							
None											
8	Patents planned, issued or pending	<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							
None											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Almirall</td><td></td></tr> <tr><td>Amgen</td><td></td></tr> <tr><td></td><td></td></tr> </table>		Almirall		Amgen					
Almirall											
Amgen											
10	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"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		None							
None											

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
		None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
		None	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
		None	
<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>			