

## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Katharine Fernandez

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Council Member, Association for Research in Otolaryngology (professional society)	

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" data-bbox="386 260 1516 361"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" data-bbox="386 478 1516 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" data-bbox="386 697 1516 798"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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**Your Name:** Abu S. Chowdhury

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

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## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Amanda Bonczkowski

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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**Your Name:** Paul D. Allen, PhD

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**Date:** 7/21/2025

**Your Name:** David S. Lee

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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:** 7/21/2025

**Your Name:** Charvi Malhotra

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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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9	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 style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Brandi R Page MD

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Deborah Mulford

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Candice E. Ortiz

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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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>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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.

## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Peter Santa Maria

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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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## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Peter Kullar

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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**Date:** 7/21/2025

**Your Name:** Click or tap here to enter text.

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Shawn D. Newlands

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>							
6	Payment for expert testimony	<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>							
7	Support for attending meetings and/or travel	<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>							
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 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>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>							

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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" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%;"><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.

## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Nicole C. Schmitt, MD

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Taiho Oncology/Astex Pharmaceuticals</td> <td style="width: 40%; padding: 2px;">Research and clinical trial funding</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Taiho Oncology/Astex Pharmaceuticals	Research and clinical trial funding				
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4	Consulting fees	<input type="checkbox"/> None	
		Sensorion	Consulting fees
		Aspargo Labs, Inc.	Consulting fees
		Synergy Research, Inc.	Consulting fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Regeneron	Travel to advisory board meeting
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Lisa L. Cunningham, Nicole C. Schmitt and Katharine A. Fernandez, "Use of Statins to Treat Drug Induced Hearing Loss," U.S. Provisional Patent Application Serial No. 62/966,794, September 5, 2021.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Johnson & Johnson	Advisory board
		Regeneron	Advisory board
		GeoVax	Advisory board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Research Vice Chair, American Head and Neck Society	

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## ICMJE DISCLOSURE FORM

**Date:** 7/21/2025

**Your Name:** Lisa Cunningham

**Manuscript Title:** Dose Matters: Lower, More Frequent Cisplatin Dosing Minimizes Hearing Loss

**Manuscript Number (if known):** 196230-INS-CRPH-RV-3

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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President elect, Association for Research in Otolaryngology (professional society)	

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