Date:2022.09.21
Your Name: Biqi Cheng
Manuscript Title: Developing and validating a nomogram to predict myasthenia gravis exacerbation in patien
with postoperative thymoma recurrence
Manuscript number (if known):

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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		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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	·		-
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
•	pending		
	P		
9	Participation on a Data	None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	There is no conflict of interest h	nere	
	There is no connict of interest i	ici c.	

Date:2022.09.21
Your Name: Yinping Xue
Manuscript Title: Developing and validating a nomogram to predict myasthenia gravis exacerbation in patients
with postoperative thymoma recurrence
Manuscript number (if known):

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	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
	None	
testimony		
	None	
meetings and/or travel		-
Patents planned, issued or	None	
pending		
Participation on a Data	None	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	None	
in other board, society,		
committee or advocacy		
Stock or stock options	None	
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financial interests		
ase summarize the above o	onflict of interest in the f	ollowing box:
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	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society,	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

Date:2022.09.21
Your Name: Shanshan Gu
Manuscript Title: Developing and validating a nomogram to predict myasthenia gravis exacerbation in patients
with postoperative thymoma recurrence
Manuscript number (if known):

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Payment or honoraria for	None	
	None	
testimony		
	None	
meetings and/or travel		-
Patents planned, issued or	None	
pending		
Participation on a Data	None	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	None	
in other board, society,		
committee or advocacy		
Stock or stock options	None	
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financial interests		
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Date:2022.09.21
Your Name: Hongxia Yang
Manuscript Title: Developing and validating a nomogram to predict myasthenia gravis exacerbation in patients
with postoperative thymoma recurrence
Manuscript number (if known):

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
	None	
testimony		
	None	
meetings and/or travel		-
Patents planned, issued or	None	
pending		
Participation on a Data	None	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	None	
in other board, society,		
committee or advocacy		
Stock or stock options	None	
	None	
	None	
financial interests		
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Date:	_2022.09.21
Your Na	me: Peng Liu
Manusci	ript Title: Developing and validating a nomogram to predict myasthenia gravis exacerbation in patient
with pos	stoperative thymoma recurrence
Manusci	ript number (if known):

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4	Consulting fees	None	

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	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
	There is no conflict of interest here.		
	There is no commet of interest field.		

Date:2022.09.21
Your Name: Guoyan Qi
Manuscript Title: Developing and validating a nomogram to predict myasthenia gravis exacerbation in patients
with postoperative thymoma recurrence
Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
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	There is no conflict of interest here.		