2023/02/23	
Zixue Xuan	
Identification and validation	of subclusters of papillary thyroid carcinoma based on Human Phenotype Ontology
er (if known):	
	Zixue Xuan

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Dat	e:2023/02/	²³	
Υοι	ır Name:Xiaoj	oing Hu	
			papillary thyroid carcinoma based on Human Phenotype Ontology
Maı	nuscript number (if known):		
rela par to t rela	ited to the content of your r ties whose interests may be ransparency and does not n itionship/activity/interest, i	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do	
		o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
ma	nuscript only.		
to t me	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initi	al planning of the work
1	All support for the present	X None	al planning of the work
1	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Date	e:2023/02/	²³	
You	r Name: Tong	Xu	
Mar	nuscript Title:_ Identification a	nd validation of subclusters of p	apillary thyroid carcinoma based on Human Phenotype Ontology
Man	uscript number (if known):		
rela part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ons any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other iten
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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		Time from severe	t 26 months
2	Grants or contracts from	Time frame: pas	t 50 monuis
_	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Date:	2023/02/23
Your Name:	Yujia Liu
	entification and validation of subclusters of papillary thyroid carcinoma based on Human Phenotype Ontology
Manuscript number	(if known):
related to the conte parties whose interes to transparency and	nsparency, we ask you to disclose all relationships/activities/interests listed below that are nt of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a /interest, it is preferable that you do so.
The following questimanuscript only.	ons apply to the author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiology	nships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertain of hypertension, you should declare all relationships with manufacturers of antihypertensive that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
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Date	e:2023/02/	3	
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Mar	nuscript Title:_ Identification a		carcinoma based on Human Phenotype Ontology
rela part to ti	ted to the content of your n ies whose interests may be ansparency and does not n	nuscript. "Related" means any relati	/activities/interests listed below that are on with for-profit or not-for-profit third ript. Disclosure represents a commitment doubt about whether to list a
	following questions apply t nuscript only.	the author's relationships/activities/	interests as they relate to the <u>current</u>
to the control of the	ne epidemiology of hypertellication, even if that medica	ion, you should declare all relationsh on is not mentioned in the manuscrip ort for the work reported in this man	dly. For example, if your manuscript pertains ips with manufacturers of antihypertensive ot. uscript without time limit. For all other items,
			ns/Comments ments were made to you or to your
		Time frame: Since the initial planning of t	he 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.	_X_None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Date	e:2023/02/	⁷ 23	
You	r Name: Minh	ua Ge	
Mar	nuscript Title:_ Identification a	nd validation of subclusters of p	papillary thyroid carcinoma based on Human Phenotype Ontology
Man	uscript number (if known):		
rela part to ti	ted to the content of your nices whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the same in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to tl	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time from a man	t 26 months
2	Grants or contracts from	Time frame: pas X None	ot 50 months
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Date:24th March 2023	
Your Name:Juan J. Díez	
Manuscript Title:Identification and validation of subclusters of papillary thyroid carcinoma base	l on Human
Phenotype Ontology	
Manuscript number (if known):	

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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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	I have received honoraria for lectues from Lilly, Faes, Menarini, MSD and Takeda
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	I have received support for attending meetings and/or travel from Takeda, Menarini and Ipsen
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Please summarize the above conflict of interest in the following box:

I have received honoraria for lectures from Lilly, Faes, Menarini, MSD and Takeda. I have received support for attending meetings and/or travel from Takeda, Menarini and Ipsen.

Please place an "X" next to the following statement to indicate your agreement:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date	e:2023/02/	['] 23	
Your	Name:Ping I	Huang	
	uscript Title:_ Identification and uscript number (if known):_		papillary thyroid carcinoma based on Human Phenotype Ontology
relat part to tr	ed to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
	following questions apply t uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup ime frame for disclosure is	-	d in this manuscript without time limit. For all other items
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		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated	XNone	
3	in item #1 above). Royalties or licenses	XNone	

Consulting fees

_X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Dat	e:2023/02/	23	
You	r Name: Jiajie	Xu	
Maı	nuscript Title:_ Identification a	nd validation of subclusters of p	papillary thyroid carcinoma based on Human Phenotype Ontology
Mar	nuscript number (if known):		
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	following questions apply t nuscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
to t med In it	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Comments
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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Date:	2023/02/23	
Your Name:	Zhuo Tan	
Manuscript Title	:_ Identification and validation	of subclusters of papillary thyroid carcinoma based on Human Phenotype Ontology
Manuscript num	ber (if known):	
	•	to disclose all relationships/activities/interests listed below that are "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

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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNoneXNone	36 months
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
10	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	X None			
11	Stock of Stock options				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None			
12					
	services				
13	Other financial or non-	X None			
	financial interests				
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Please summarize the above conflict of interest in the following box:					
N	None				