ICMJE DISCLOSURE FORM

Date: Sept. 23th, 2023	
Your Name: Hao Go	ng
Manuscript Title:	Total thyroidectomy versus less-than-total thyroidectomy for papillary thyroid carcinoma of
isthmus: a systematic re	view and meta-analysis
Manuscript number (if k	nown): GS-23-300-CL

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.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
-			
7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	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	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	Please summarize the above conflict of interest in the following box:		
None.			

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.

ICMJE DISCLOSURE FORM

Date: Sept. 23 th , 2023	
Your Name: Yuhan Jiang	
Manuscript Title: Total thyro	idectomy versus less-than-total thyroidectomy for papillary thyroid carcinoma of
isthmus: a systematic review and r	neta-analysis
Manuscript number (if known):	GS-23-300-CL

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.

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

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
-			
7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	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	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	Please summarize the above conflict of interest in the following box:		
None.			

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.

ICMJE DISCLOSURE FORM

Date: Sept. 23th, 202	23
Your Name: Anp	ing Su
Manuscript Title:	Total thyroidectomy versus less-than-total thyroidectomy for papillary thyroid carcinoma of
isthmus: a systemati	c review and meta-analysis
Manuscript number	(if known): GS-23-300-CI

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.

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) 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,	Science & Technology Department of Sichuan Province (2021YFS0103)	This fund provides research funding for our research
	medical writing, article processing charges, etc.) No time limit for this item.	Health Commission of Sichuan Province (20PJ057)	This fund provides research funding for our research
		China Health Promotion Foundation (HX22-228/HX- H2204083)	This fund provides research funding for our research
2		Time frame: past _XNone	36 months

	Grants or contracts from		
	any entity (if not indicated		
3	in item #1 above). Royalties or licenses	X None	
3	Royalties of licenses	_XNone	
4	Consulting fees	X None	
4	Consulting rees	XNone	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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

The author receives funding support from Science & Technology Department of Sichuan Province(2021YFS0103), Health Commission of Sichuan Province (20PJ057) and China Health Promotion Foundation (HX22-228/HX-H2204083).

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.