

ICMJE DISCLOSURE FORM

Date: June 17th, 2021

Your Name: Katsuhiro Okuda

Manuscript Title: Examination on the necessity of pericardial fat tissue resection in extended thymectomy for myasthenia gravis

Manuscript number (if known): GS-21-318

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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3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-financial interests	___ None	

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Date: June 17th, 2021

Your Name: Hideo Hattori

Manuscript Title: Examination on the necessity of pericardial fat tissue resection in extended thymectomy for myasthenia gravis

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Date: June 17th, 2021

Your Name: Keisuke Yokota

Manuscript Title: Examination on the necessity of pericardial fat tissue resection in extended thymectomy for myasthenia gravis

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Date: June 17th, 2021

Your Name: Tsutomu Tatematsu

Manuscript Title: Examination on the necessity of pericardial fat tissue resection in extended thymectomy for myasthenia gravis

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Your Name: Tadashi Sakane

Manuscript Title: Examination on the necessity of pericardial fat tissue resection in extended thymectomy for myasthenia gravis

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Your Name: Takuya Matsui

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Your Name: Ryoichi Nakanishi

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