Date: June,	17th 2021
Your Name:	Yusuke Nobe
Manuscript Title:	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymectomy m	yasthenia gravis in patients with thymoma: a single-center experience
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 initia	l 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.	_X_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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3	Payment or honoraria for lectures, presentations,	_X_None	
	speakers bureaus,		
	manuscript writing or		
_	educational events	1	
6	Payment for expert	X_None	
	testimony		
7	Support for attending	_X_None	
	meetings and/or travel		
8	Patents planned, issued or	X_None	
	pending		
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9	Participation on a Data	× None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X None	in the second se
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	writing, gifts or other		
	services		
13	Other financial or non-	X None	The state of the s
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Date:	Feb. 25th - 2021
Your Name:	Teppei Hashimuto
Manuscript Title:	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymectomy my	yasthenia gravis in patients with thymoma: a single-center experience
Manuscript number	(if known):

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3	Royalties or licenses	None	
4	Consulting fees	_X_None	

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

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None.	

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

Date:	6 Jun	LWV	
Your Name:		Kann	ana ka
Manuscript '	Γitle:	Relationship	between anti-acetylcholine receptor antibodies and the development of
post-thymed	tomy myasthe	enia gravis in	patients with thymoma: a single-center experience
Manuscript	number (if kno	own):	

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3	Royalties or licenses	None	
4 Consulting fees		None	

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

Date:2	2. Ju	ne/.	3.	
Your Name:	Yasuhin	Hulit	ta	
Manuscript Title	:Rel	lationship	between anti-acetylcholine receptor antibodies and the	development of
post-thymectom	v myasthenia	a gravis ir	patients with thymoma: a single-center experience	
Manuscript num	ber (if knowr	າ):		

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).		
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	None	
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7	Support for attending	None	
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8	Patents planned, issued or	None	
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9	Participation on a Data	V None	
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10	Leadership or fiduciary role	V None	
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	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	The second secon
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Please summarize the above conflict of interest in the following box:

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

Date:	June, 13
Your Name:	Katsuma Yoshimatsn.
Manuscript Title:	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymectomy mya	sthenia gravis in patients with thymoma: a single-center experience
Manuscript number (i	

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3	Royalties or licenses	X_None	
4	Consulting fees	None	

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5	Payment or honoraria for	X None	
	lectures, presentations,	<u> </u>	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	_X_None	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	X_None	
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10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	The state of the s
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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		
Ple	ase summarize the above c	onflict of interest in the fol	llowing box:

Date: June 21th, 2	02
Your Name: Yukik	o Nemoto
Manuscript Title:	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymectomy myast	thenia gravis in patients with thymoma: a single-center experience
Manuscript number (if k	nown):

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4	Consulting fees	_X_None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	_X_None	
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
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7	Support for attending	_X_None	
	meetings and/or travel		
8	Patents planned, issued or	_×_None	
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9	Participation on a Data	_x_None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	X_None	
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	group, paid or unpaid		
11	Stock or stock options	X_None	
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Ple	ase summarize the above c	onflict of interest in the fol	llowing box:

None		

Date:20	21/6/15	-
Your Name:	Rintaro	Oyama
Manuscript '	Title:	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymed	tomy myasth	enia gravis in patients with thymoma: a single-center experience
Manuscript	number (if kn	own):

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3	Royalties or licenses	_X_None	
4	Consulting fees	None	

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5	Payment or honoraria for	↑ None	
	lectures, presentations,		
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	writing, gifts or other services		·
13	Other financial or non-	<u></u> ★ None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:

None		

Date:	15. June.	. 202/
Your Name:	HITOLOG	Matsumiya
Manuscript Title:	Relationship be	etween anti-acetylcholine receptor antibodies and the development of
post-thymectomy my		atients with thymoma: a single-center experience
Manuscript number (i	f known):	

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3	Royalties or licenses	_v_None	
4	Consulting fees	None	

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	meetings and/or travel		
3	Patents planned, issued or	None	
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	Safety Monitoring Board or		
	Advisory Board		
LO	Leadership or fiduciary role	None	
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	form.		•

Date: (4-	h June	202	
Your Name:	Masaraka	Mon'	
Manuscript Title:	Relatio	nship between anti-acetylcholine receptor antibodies and the de	velopment of
post-thymectomy m	wasthenia gra	avis in patients with thymoma: a single-center experience	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	_∠_None	
3	Royalties or licenses	_i/_None	
4	Consulting fees	_iV_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		
9	Participation on a Data	None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	None	
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	materials, drugs, medical		
	writing, gifts or other services		t en
13	Other financial or non-	✓ None	The state of the s
	financial interests	_v_None	
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Please summarize the above conflict of interest in the following box:

I	have	no	conflicts	of interest	associured	with this	Manuscript	as shown above.	

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

Date:	1. Jun. 1	3		
Your Name:	marazaras	Lanayama.		Control of the State of the Sta
Manuscript Title:	Relationship bety	veen anti-acetylcholin	ne receptor antibodies and the	development of
post-thymectomy my	asthenia gravis in pati	ents with thymoma: a	single-center experience	
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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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	
Te s		Time frame: pas	t 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	

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5	Payment or honoraria for	✓None	
	lectures, presentations,		
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	manuscript writing or		
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6	Payment for expert	None	
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7	Support for attending	None	
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8	Patents planned, issued or	<u>√</u> 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	
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12	Receipt of equipment,	None	
	materials, drugs, medical	None	
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Date: In 182	oy .
Your Name:	Abilivo Taira
Manuscript Title: _	Relationship between anti-acetylcholine receptor antibodies and the development o
post-thymectomy	myasthenia gravis in patients with thymoma: a single-center experience
Manuscript number	r (if known):

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3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	None	

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11	Stock or stock options	None	
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13	Other financial or non- financial interests	<u>X</u> None	
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_	ase summarize the above c	onflict of interest in the fol	lowing box:
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Date: Jun. 19	7. 202/
Your Name:St	ringi Shinohara
Manuscript Title:	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymectomy mya	asthenia gravis in patients with thymoma: a single-center experience
Manuscript number (in	known):

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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	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
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7	Support for attending	X None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
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	writing, gifts or other		
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13	Other financial or non-	<u></u> ✓ None	
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Date: une	19,9021
Your Name:	in Kunti
Manuscript Title:	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymectomy my	asthenia gravis in patients with thymoma: a single-center experience
Manuscript number (i	f known):

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		Time frame: Since the initi	al 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.	_X_None	
	A COMPANY OF STREET	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	X None	

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	speakers bureaus,		
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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
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11	Stock or stock options	None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other services	•	
13	Other financial or non-	<u>y</u> None	
	financial interests		

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:

Date:	Tune - 2021
Your Name:	Masaru Tukenaka
	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymectomy mya	sthenia gravis in patients with thymoma: a single-center experience
Manuscript number (if	known):
In the interest of trans	parency, we ask you to disclose all relationships/activities/interests listed below that are
related to the content parties whose interest	of your manuscript. "Related" means any relation with for-profit or not-for-profit third may be affected by the content of the manuscript. Disclosure represents a commitment es not necessarily indicate a bias. If you are in doubt about whether to list a
	terest, 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 initia	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.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	None	

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Date:	ine	18th	2021
Your Name:	Yuko	Tashi	1mG
Manuscript Title:	Relation	ship be	etween anti-acetylcholine receptor antibodies and the development o
post-thymectomy my	asthenia grav	is in pa	atients with thymoma: a single-center experience
Manuscript number (i	f known):		

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3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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	financial interests		
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Date: June 2/	202/
Your Name: Kozi	Myroda
Manuscript Title:	Relationship between anti-acetylcholine receptor antibodies and the development of
post-thymectomy myast	nenia gravis in patients with thymoma: a single-center experience
Manuscript number (if k	nown):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	None	
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5	Payment or honoraria for	None	
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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:

Date: June. 15	th , 2021				
Your Name:	Fumihiro Tanaka				
Manuscript Title:	Relationship between anti-acetylcholine receptor antibodies and the development of				
post-thymectomy myasthenia gravis in patients with thymoma: asingle-center experience					
Manuscript numb	er (if known): GS-21-287-Cl				

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		Time frame: pas	t 36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		<u> </u>
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	manuscript writing or		
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	group, paid or unpaid		
11	Stock or stock options	XNone	
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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

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

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