Dat	e:	N	lay 28, 2021
	r Name:		i-Zhuo Zhang
Maı	nuscript Title: Pathological:	analysis and surgical moda	alities selection of cT1N0M0 solitary papillary thyroid
card	cinoma in the isthmus		
Maı	nuscript number (if known):		
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	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to the med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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.	None	
		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	

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

Date	e:	M	ay 28, 2021			
You	r Name:	Jia	a-Jie Xu			
Maı	Manuscript Title: Pathological analysis and surgical modalities selection of cT1N0M0 solitary papillary thyroid					
	inoma in the isthmus					
Mai	nuscript number (if known):					
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.			
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>			
to t	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.			
	em #1 below, report all sup time frame for disclosure is		in this manuscript without time limit. For all other items,			
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		needed) Time frame: Since the initial	Inlanning of the work			
4		1	planning of the work			
1	All support for the present manuscript (e.g., funding,	None				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time from a most	2C months			
2	Grants or contracts from	Time frame: past None	56 Months			
_	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	None				

Consulting fees

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 meetings and/or travel	None		
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			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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Ple	ase summarize the above co	nflict of interest in the follo	owing pox:	
	The author declares that there	is no conflict of interests.		

Dat	e:	M	ay 28, 2021				
You	r Name: Xin-Yang Ge						
Maı	nuscript Title: Pathological a	analysis and surgical moda	lities selection of cT1N0M0 solitary papillary thyroid				
card	arcinoma in the isthmus						
Maı	nuscript number (if known):						
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.				
	following questions apply t nuscript only.	o the author's relationship	s/activities/interests as they relate to the current				
to t		nsion, you should declare	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.				
	em #1 below, report all sup time frame for disclosure is	-	l in this manuscript without time limit. For all other items,				
		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.	None					
2	Grants or contracts from	Time frame: past	36 months				
2	any entity (if not indicated	None					
	in item #1 above).						
3	Royalties or licenses	None					

Consulting fees

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 meetings and/or travel	None		
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			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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Ple	ase summarize the above co	nflict of interest in the follo	owing pox:	
	The author declares that there	is no conflict of interests.		

Date	e:	Ma	ay 28, 2021				
You	r Name:	Ke	-Jing Wang				
Mar	Manuscript Title: Pathological analysis and surgical modalities selection of cT1N0M0 solitary papillary thyroid						
card	arcinoma in the isthmus						
Mar	nuscript number (if known):						
rela part to to rela	ted to the content of your materies whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.				
to t		nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.				
	em #1 below, report all sup time frame for disclosure is	•	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 initial	planning of the work				
1	All support for the present	None					
	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

None

None

None

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Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

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 meetings and/or travel	None		
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			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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Ple	ase summarize the above co	nflict of interest in the follo	owing pox:	
	The author declares that there	is no conflict of interests.		

Dat	e:	M	ay 28, 2021
You	r Name:	zı	nuo Tan
Maı	nuscript Title: Pathological	analysis and surgical moda	lities selection of cT1N0M0 solitary papillary thyroid
card	cinoma in the isthmus		
Mai	nuscript number (if known):		
rela part to to rela The	ted to the content of your name ites whose interests may be ransparency and does not name tionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so. s/activities/interests as they relate to the current
to the med	he epidemiology of hyperted dication, even if that medicates tem #1 below, report all sup	nsion, you should declare a ition is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. 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 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.	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 meetings and/or travel	None		
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			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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Ple	ase summarize the above co	nflict of interest in the follo	owing pox:	
	The author declares that there	is no conflict of interests.		

Dat	e:	M	lay 28, 2021
You	ır Name:	T	ie-Feng Jin
Ma	nuscript Title: Pathological a	analysis and surgical moda	lities selection of cT1N0M0 solitary papillary thyroid
card	cinoma in the isthmus		
Ma	nuscript number (if known):		
rela par to t	ited to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t	o the author's relationship	os/activities/interests as they relate to the current
to t med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare a ition is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other items,
		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	I 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	
		_,	
2	Grants or contracts from	Time frame: past	36 months
۷	any entity (if not indicated	NOTIC	
	in item #1 above).		
3	Royalties or licenses	None	

Consulting fees

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 meetings and/or travel	None		
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			
	group, paid or unpaid			
11	Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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Ple	ase summarize the above co	nflict of interest in the follo	owing pox:	
	The author declares that there	is no conflict of interests.		

Dat	Date: May 28, 2021				
	Your Name: Wan-Chen Zhang				
Manuscript Title: Pathological analysis and surgical modalities selection of cT1N0M0 solitary papillary thyroid					
	inoma in the isthmus				
Maı	nuscript number (if known):				
rela part to to to rela The mar	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	Specifications/Comments		
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)		
		none (add rows as			
		needed) Time frame: Since the initia	al planning of the work		
1	All some set for the consequent	I	al planning of the work		
1	All support for the present manuscript (e.g., funding,	None			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: pas	t 36 months		
2	Grants or contracts from	None			
	any entity (if not indicated				
2	in item #1 above).	Nene			
3	Royalties or licenses	None			

Consulting fees

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			
0	pending	None			
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 group, paid or unpaid				
11	Stock or stock options	None			
11	Stock of Stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	None			
	inianciai interests				
Ple	Please summarize the above conflict of interest in the following box:				
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Dat	te: May 28, 2021				
You	ur Name: Qing-Lin Li				
Ma	Manuscript Title: Pathological analysis and surgical modalities selection of cT1N0M0 solitary papillary thyroid				
card	cinoma in the isthmus				
Ma	nuscript number (if known):				
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med In it	dication, even if that medica	port for the work reporte	all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items Specifications/Comments (e.g., if payments were made to you or to your institution)		
		none (add rows as	·		
		needed)			
		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.)	None			
	No time limit for this item.				
		Time frame: pas	at 36 months		
2	Grants or contracts from	None	ic 30 months		
_	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None			

Consulting fees

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			
0	pending	None			
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 group, paid or unpaid				
11	Stock or stock options	None			
11	Stock of Stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	None			
	inianciai interests				
Ple	Please summarize the above conflict of interest in the following box:				
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-	Γhe author declares that there	he author declares that there is no conflict of interests.			
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Dat	e: May 28, 2021				
You	ır Name: Ding-Cun Luo				
Maı	Manuscript Title: Pathological analysis and surgical modalities selection of cT1N0M0 solitary papillary thyroid				
card	cinoma in the isthmus				
Maı	nuscript number (if known):				
rela part to t	ted to the content of your n ties 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 so.		
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to t med	he epidemiology of hyperted dication, even if that medication	nsion, you should declare ition is not mentioned in t 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 whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		none (add rows as			
		needed)			
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.	Time frame: Since the initi			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	st 36 months		
3	Royalties or licenses	None			

Consulting fees

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			
0	pending	None			
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 group, paid or unpaid				
11	Stock or stock options	None			
11	Stock of Stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	None			
	inianciai interests				
Ple	Please summarize the above conflict of interest in the following box:				
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Date	Date: May 28, 2021					
You	Your Name: Ming-Hua Ge					
Maı	nuscript Title: Pathological a	analysis and surgical mod	alities selection of cT1N0M0 solitary papillary thyroid			
card	carcinoma in the isthmus					
Maı	nuscript number (if known):					
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are 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 to nuscript only.	o the author's relationshi	os/activities/interests as they relate to the <u>current</u>			
to t		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 items,			
		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 initi	al planning of the work			
1	All support for the present	None				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article processing charges, etc.)					
	No time limit for this item.					
		Time frame: pas	t 36 months			
2	Grants or contracts from	None				
	any entity (if not indicated					
	in item #1 above)					

Royalties or licenses

Consulting fees

_None

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