

## ICMJE DISCLOSURE FORM

Date: November, 3, 2021

Your Name: Bei Qian

Manuscript Title: Intraglandular dissemination is a risk factor for lymph node metastasis in papillary thyroid carcinoma: a propensity score matching analysis

Manuscript number (if known): GS-21-470

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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|   |  |  |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

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

Dr. Qian has nothing to disclose.

**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: November, 3, 2021

Your Name: Shuang Guo

Manuscript Title: Intraglandular dissemination is a risk factor for lymph node metastasis in papillary thyroid carcinoma: a propensity score matching analysis

Manuscript number (if known): GS-21-470

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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

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

Dr. Guo has nothing to disclose.

**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: November, 3, 2021

Your Name: Jun Zhou

Manuscript Title: Intraglandular dissemination is a risk factor for lymph node metastasis in papillary thyroid carcinoma: a propensity score matching analysis

Manuscript number (if known): GS-21-470

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Dr. Zhou has nothing to disclose.

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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 form.**

## ICMJE DISCLOSURE FORM

Date: November, 3, 2021

Your Name: Xincai Qu

Manuscript Title: Intraglandular dissemination is a risk factor for lymph node metastasis in papillary thyroid carcinoma: a propensity score matching analysis

Manuscript number (if known): GS-21-470

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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

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

Dr. Qu has nothing to disclose.

**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: November, 3, 2021

Your Name: Shoupeng Zhang

Manuscript Title: Intraglandular dissemination is a risk factor for lymph node metastasis in papillary thyroid carcinoma: a propensity score matching analysis

Manuscript number (if known): GS-21-470

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