Date: 3/28/2022

Your Name: Rocio Castillo-Larios

Manuscript Title: <u>Assessment of Length of Stay and Cost of Minimally Invasive Versus Open Thymectomies in</u>

patients with Myasthenia Gravis in Florida Manuscript number (if known): GS-22-83-R1

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</u> <u>manuscript only</u>.

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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.	xNone	
		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	x_None	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
0	testimony	xNone	
	testimony		
7	Support for attending	x None	
,	meetings and/or travel		
	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	_xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Plea	se summarize the above co	onflict of interest in the f	following box:

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:3/25/2022	
Your Name:DANIEL HERNANDEZ ROJAS	
Manuscript Title: Assessment of Length of Stay and Cost of Minimally Invasive Versus Open	Thymectomies in
patients with Myasthenia Gravis in Florida	
Manuscript number (if known):_: GS-22-83-R1	

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		Time frame: Since the initial	
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.	XNone	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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Safety Monitoring Board or	XNone	
	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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
4.2	services	V N	
13	Other financial or non-	XNone	
	financial interests		

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

NO CONFLICT OF INTEREST		

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

form.	e answered every qu		

Date: _3/28/22
Your Name:Aaron Spaulding
Manuscript Title: Assessment of Length of Stay and Cost of Minimally Invasive Versus Open Thymectomies in
patients with Myasthenia Gravis in Florida
Manuscript number (if known): <u>GS-22-83-R1</u>

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		Time frame: Since the initial	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
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		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
	ase summarize the above co		owing box:	

Dr. Spaulding	has no conflicts of inter	est to declare.		

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

<b>Date:</b> March 25th, 2022
Your Name: Alejandra Yu Lee-Mateus
Manuscript Title: Assessment of Length of Stay and Cost of Minimally Invasive Versus Open Thymectomies in patients with Myasthenia Gravis in Florid
Manuscrint number (if known): GS-22-83-R1

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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)
	I	Time frame: Since the initial	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).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	_ <sup>x</sup> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
0	testimony	None	
	testimony		
7	Cupport for attending	Y None	
/	Support for attending meetings and/or travel	_xNone	
	_		
8	Patents planned, issued or	x None	
0	pending	None	
	periumg		
9	Participation on a Data	x 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	_xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 03-28-2022	<u>!</u>	

Your Name: Pulipaka Sai Priyanka

Manuscript Title: <u>Assessment of Length of Stay and Cost of Minimally Invasive Versus Open Thymectomies in</u>

patients with Myasthenia Gravis in Florida Manuscript number (if known): GS-22-83-R1

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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 initial	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.	xNone	
		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	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
	Ç ,		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
10	Advisory Board	Name	
10	Leadership or fiduciary role in other board, society,	xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Cook 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	se summarize the above co	nflict of interest in the fol	lowing box:
Plea	se summarize the above co	nflict of interest in the fol	lowing box:

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

		ICIVISE DISCI	LOJOKL FORIVI	
Da	te:4/2/2022			
Yo	ur Name: Dorin T	. Colibaseanu		_
Ma	nuscript Title:Assessmen	t of Length of Stay and Cos	st of Minimally Invasive Versus Open Thymectomies in	patients
wit	th Myasthenia Gravis in Flor	ida		
Ma	nuscript number (if known)	: GS-22-83		•
rel par to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a o so.  ps/activities/interests as they relate to the current	
The to me	e author's relationships/acti the epidemiology of hyperto edication, even if that medic	ension, you should declare eation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensi the manuscript. d in this manuscript without time limit. For all other it	ve
		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 initia	l 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.			
	No time limit for this item.			
		Time from constant	2C months	
2	Grants or contracts from	Time frame: past	56 MONUNS	
۷	any entity (if not indicated	None		
	in item #1 above).			
3	Royalties or licenses	None		
	,			

4

Consulting fees

None

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
Ĝ	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	None	
3	Patents planned, issued or	None	
	pending		
	B 11 1 1 5 1	N	
)	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
1	group, paid or unpaid	None	
.1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
.3	services Other financial or non-	None	
.5	financial interests	None	
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		
Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:
	-	-	-
	_ I certify that I have answe	ered every question and ha	ave not altered the wording of any of the questions on t
	form.		

Date: 3/30/2022
Your Name:_Mathew Thomas
Manuscript Title: Assessment of Length of Stay and Cost of Minimally Invasive Versus Open Thymectomies i
patients with Myasthenia Gravis in Florida
Manuscript number (if known): <u>GS-22-83-R1</u>
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		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	planning of the work
		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	_xNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	_xNone	
	pending		
•			
9	Participation on a Data Safety Monitoring Board or	_xNone	
	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	_xNone	
		••	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the foll	owing box:
N	o conflicts of interest		
Plea	se place an "X" next to the	following statement to inc	licate 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.

Date: 4/4/22\_

Consulting fees

You	r Name: Sebastian Fernande	 ez-Bussy			
Mar	nuscript Title: <u>Assessment</u>	of Length of Stay and Co	ost of Minimally Invasive Versus Open Thymectomies	s in	
pati	patients with Myasthenia Gravis in Florida				
Mar	Manuscript number (if known): GS-22-83-R1				
relar part to to relar The man	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply the content only.	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do no the author's relationship	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.  It is a so, activities/interests as they relate to the current of		
to th		nsion, you should declare a	all relationships with manufacturers of antihypertensive		
		nort for the work reported	lia this was was intuited and the set time of the fact of the set to see		
	em #1 below, report all sup time frame for disclosure is	•	l in this manuscript without time limit. For all other items,		
		•	Specifications/Comments		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your		
		Name all entities with whom you have this relationship or indicate	Specifications/Comments		
		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		
		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)		
		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)		
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)		
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)		
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)		
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)		
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)		
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work		
the	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work		
the	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.  Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work		
the	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.  Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work		
the	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.  Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work		

None

\_x\_

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
	perioning		
9	Participation on a Data	x 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	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the foll	owing box:
I	have no conflicts of interest to	declare	

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:April 2 <sup>nd</sup> 2022
Your Name:Ian Makey
Manuscript Title: Assessment of Length of Stay and Cost of Minimally Invasive Versus Open Thymectomies in
patients with Myasthenia Gravis in Florida
Manuscript number (if known): <u>GS-22-83-R1</u>

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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 initial 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	_x_None			

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony		Proctored other surgeons in robotic cases. Paid through Intuitive Surgical
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	x_None	

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

Dr. Ian Makey reports that he has proctored other surgeons in robotic cases and was paid through Intuitive Surgical.

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.