Date:June,	4, 2021
Your Name:H	łu Wenfu
Manuscript Title:	Clinical impact of craniopharyngioma classification based on location origin: A
multicenter retros	spective study
Manuscript number	(if known): It's not clear

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)
1	All support for the present	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	_ X _None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ X _None	
4	Consulting food	V. Name	
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	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
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,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ X _None	
	financial interests		
			•

I have no conflicts of interest to declare.

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

Date:June	,5, 2021
Your Name:	_Binghui Qiu
Manuscript Title:	Clinical impact of craniopharyngioma classification based on location origin: A
multicenter ret	rospective study
Manuscript numb	per (if known): It's not clear

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		Time frame: past	36 months
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3	Royalties or licenses	X_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	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
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,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ X _None	
	financial interests		

I have no conflicts of interest to declare.

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

Date:June	, 5, 2021
Your Name:	_Fen Mei
Manuscript Title:	Clinical impact of craniopharyngioma classification based on location origin: A
multicenter reti	cospective study
Manuscript numb	er (if known): It's not clear

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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	X_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	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
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,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ X _None	
	financial interests		

I have no conflicts of interest to declare.

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

Date:	June,	4, 2021
Your Name:		Jian Mao
Manuscript ¹	Title:	Clinical impact of craniopharyngioma classification based on location origin: A
multicenter	r retro	spective study
Manuscript (numbe	r (if known): It's not clear

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		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		
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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		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	None	
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		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:

	re.	of interest to decla	I have no conflicts o

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

Date:June,	5, 2021
Your Name:	Lizhi Zhou
Manuscript Title:_	Clinical impact of craniopharyngioma classification based on location origin: A
multicenter retro	ospective study
Manuscript number	er (if known): It's not clear

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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		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	Nana				
/	meetings and/or travel	None				
	meetings and/or traver					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	Nana				
9	Safety Monitoring Board or	None				
	Advisory Board					
10	Leadership or fiduciary role	None				
10	in other board, society,					
	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					
12	services	A1				
13	Other financial or non- financial interests	None				
	inialiciai interests					
ום	Disease summering the above souflist of interest in the following boy.					
716	Please summarize the above conflict of interest in the following box:					
	x 1	1				

		lare.	of interest to dec	ave no conflicts of

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

Date:	_June,	4, 2021					
Your Name:	: _	Fan Liu					
Manuscript	Title:	Clinical im	pact of cra	aniopharyngior	na classification	based on location	n origin: A
multicente	er retro	spective stud	ly				
Manuscript	numbe	r (if known):		It's not clear_			

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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	X_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	_ X _None	
	pending		
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,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ X _None	
	financial interests		

I have no conflicts of interest to declare.

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

Date:June,	4, 2021
our Name:	Jun Fan
Manuscript Title:	Clinical impact of craniopharyngioma classification based on location origin: A
multicenter retro	ospective study
Manuscript numbe	r (if known): It's not clear

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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	Nana	
/	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	Nana	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	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		
12	services	A1	
13	Other financial or non- financial interests	None	
	inialiciai interests		
ום	ease summarize the above c	anflict of interest in the fo	llowing hove
716	case summanize the above co	ommet of interest in the 10	nowing box.
	x 1	1	

		lare.	of interest to dec	ave no conflicts of

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

Date:June, 4, 2021	
Your Name: Yi Liu	
Manuscript Title: Clinica	l impact of craniopharyngioma classification based on location origin: A
multicenter retrospective	e study
Manuscript number (if know	/n):

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3	Royalties or licenses	X _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	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
10	in other board, society, committee or advocacy group, paid or unpaid	_ X _None	
11	Stock or stock options	_ X _None	
12	Receipt of equipment,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ X _None	
	financial interests		
			•

I have no conflicts of interest to declare.

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

Date:Jur	ne,5, 2021	
Your Name:	Ge Wen	
Manuscript Titl	e: Clinical impact of craniopharyngioma classification based on location origin:	A
multicenter re	etrospective study	
Manuscript nur	nber (if known): It's not clear	

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3	Royalties or licenses	X _None	
4	Consulting fees	_ X _None	

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5	Payment or honoraria for lectures, presentations,	_ X _None	
	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	_ X _None	
	pending		
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		
11	group, paid or unpaid	Y	
11	Stock or stock options	_ X _None	
10	D	•	
12	Receipt of equipment,	_ X _None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests	_ A_INOTIC	

I have no conflicts of interest to declare.

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

Date:June,	5, 2021
Your Name:	Songtao Qi
Manuscript Title:_	Clinical impact of craniopharyngioma classification based on location origin: A
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Manuscript number	er (if known): It's not clear

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3	Royalties or licenses	X _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	_ X _None	
	pending		
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,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X _None	
	financial interests		
			•

I have no conflicts of interest to declare.

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

Date:June,	4, 2021
Your Name:	_Yun Bao
Manuscript Title:_	_ Clinical impact of craniopharyngioma classification based on location origin: A
multicenter retr	ospective study
Manuscript number	er (if known): It's not clear

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3	Royalties or licenses	X_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	_ X _None	
	pending		
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,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ X _None	
	financial interests		
			•

I have no conflicts of interest to declare.

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

Date:June,	5, 2021
Your Name:	_Jun Pan
Manuscript Title:_	_ Clinical impact of craniopharyngioma classification based on location origin: A
multicenter retr	ospective study
Manuscript numb	er (if known): It's not clear

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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.

		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) 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	Nana	
/	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	Nana	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	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		
12	services	A1	
13	Other financial or non- financial interests	None	
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