Date: Oct 20<sup>th</sup>,2021 Your Name: Dahai Liu

Manuscript Title: Resection of a giant sternal chondrosarcoma and chest wall reconstruction: a case report

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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)	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	

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

None			

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

Date: Oct 20<sup>th</sup>, 2021 Your Name: Zizong Wang

Manuscript Title: Resection of a giant sternal chondrosarcoma and chest wall reconstruction: a case report

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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		Time frame: Since the initial	planning of the work
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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	<b>X</b> None	
4	Consulting fees	XNone	

5	Payment or honoraria for	<b>X</b> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	<b>X</b> None
	testimony	
7	Support for attending meetings and/or travel	<b>X</b> _None
	-	
8	Patents planned, issued or	<b>X</b> None
	pending	
9	Participation on a Data 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	XNone
12	Receipt of equipment,	<b>X</b> None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

None		

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

Date: Oct 20<sup>th</sup>,2021 Your Name: Tong Qiu

Manuscript Title: Resection of a giant sternal chondrosarcoma and chest wall reconstruction: a case report

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 initial	planning of the work
1	All support for the present	<b>X</b> 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
2	Grants or contracts from	<b>X</b> _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

5	Payment or honoraria for	<b>X</b> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	<b>X</b> None
	testimony	
7	Support for attending meetings and/or travel	<b>X</b> _None
	-	
8	Patents planned, issued or	<b>X</b> None
	pending	
9	Participation on a Data 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	XNone
12	Receipt of equipment,	<b>X</b> None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

None		

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

Date: Oct 20<sup>th</sup>, 2021 Your Name: Feng Hou

Manuscript Title: Resection of a giant sternal chondrosarcoma and chest wall reconstruction: a case report

Manuscript number (if known):

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		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	<b>X</b> 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
2	Grants or contracts from	<b>X</b> _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

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

None			

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

Date: Oct 20<sup>th</sup>, 2021 Your Name: Yi Qin

Manuscript Title: Resection of a giant sternal chondrosarcoma and chest wall reconstruction: a case report

Manuscript number (if known):

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1	All support for the present	<b>X</b> None	
	manuscript (e.g., funding,		
	provision of study materials,		
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<b>X</b> _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

5	Payment or honoraria for	<b>X</b> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	<b>X</b> None
	testimony	
7	Support for attending meetings and/or travel	<b>X</b> _None
	-	
8	Patents planned, issued or pending	<b>X</b> None
9	Participation on a Data 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	XNone
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None
	writing, gifts or other	
	services	
13	Other financial or non- financial interests	XNone

None		

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

Date: Oct 20<sup>th</sup>,2021 Your Name: Yi Shen

Manuscript Title: Resection of a giant sternal chondrosarcoma and chest wall reconstruction: a case report

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

5	Payment or honoraria for	<b>X</b> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	<b>X</b> None
	testimony	
7	Support for attending meetings and/or travel	<b>X</b> _None
	-	
8	Patents planned, issued or pending	<b>X</b> None
9	Participation on a Data 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	XNone
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None
	writing, gifts or other	
	services	
13	Other financial or non- financial interests	XNone

None		

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

Date: Oct 20<sup>th</sup>,2021 Your Name: Bingxue Song

Manuscript Title: Resection of a giant sternal chondrosarcoma and chest wall reconstruction: a case report

Manuscript number (if known):

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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	<b>X</b> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	<b>X</b> None
	testimony	
7	Support for attending meetings and/or travel	<b>X</b> _None
	-	
8	Patents planned, issued or pending	<b>X</b> None
9	Participation on a Data 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	XNone
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None
	writing, gifts or other	
	services	
13	Other financial or non- financial interests	XNone

None		

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