

## ICMJE DISCLOSURE FORM

Date: 2022.04. 04

Your Name: Tao Huang

Manuscript Title: Establishing a predictive model of hypoparathyroidism after total thyroidectomy and central lymph node dissection for postoperative calcium supplementation selectively

Manuscript number (if known): ATM-22-1779

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.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
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,	None	

	speakers bureaus, manuscript writing or educational events		
6	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	

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

I have no conflicts of interest to declare.

**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.**

## ICMJJE DISCLOSURE FORM

Date: 2022.04. 04

Your Name: Xiang Zhong

Manuscript Title: Establishing a predictive model of hypoparathyroidism after total thyroidectomy and central lymph node dissection for postoperative calcium supplementation selectively

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3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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## ICMJE DISCLOSURE FORM

Date: 2022.04. 04

Your Name: Tianyi He

Manuscript Title: Establishing a predictive model of hypoparathyroidism after total thyroidectomy and central lymph node dissection for postoperative calcium supplementation selectively

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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 testimony	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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## ICMJE DISCLOSURE FORM

Date: 2022.04. 04

Your Name: Wei Zhang

Manuscript Title: Establishing a predictive model of hypoparathyroidism after total thyroidectomy and central lymph node dissection for postoperative calcium supplementation selectively

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3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	

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## ICMJJE DISCLOSURE FORM

Date: 2022.04. 04

Your Name: Zhixian He

Manuscript Title: Establishing a predictive model of hypoparathyroidism after total thyroidectomy and central lymph node dissection for postoperative calcium supplementation selectively

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Science and Technology Project of Nantong (No. JC2020067)	
<b>Time frame: past 36 months</b>			
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 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	

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HZX reports that the study was supported by the Science and Technology Project of Nantong (No. JC2020067 to HZX).

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