Date: 03.05.2	023							
Your Name: Name	ène ?	schrider		,				
Manuscript Title:	ATTS Re	ection o	fa	microndular.	Hymoma	withlymphoid		
Manuscript number (if known):		1		1	/ /	Cascicp	0/4

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>.

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 meetings and/or travel	None	
	meetings and, or traver		
8	Patents planned, issued or	None	
	pending		
	1		
9	Participation on a Data	None	
,	Safety Monitoring Board or	- (NOTIC)	
	Advisory Board	~	
10		Nama	· · · · · · · · · · · · · · · · · · ·
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,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dlos	ase summarize the above co	aflict of interest in the	following hove
rica	ise summanze the above to	muct of interest in the	ionowing box.
			la l
Plea	se place an "X" next to the	following statement to	indicate your agreement:

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

Date:_03.05.2023
Your Name:_Teodor Svantesson
Manuscript Title: Robot-assisted Thoracic Surgery (RATS)resection of a micronodular thymoma with lymphoid stroma:
a case report
Manuscript number (if known):

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	meetings and/or traver		
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8	Patents planned, issued or pending	None	
	penullig		
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,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	NOTIC	
	Please summarize the	above conflict of interest	in the following box:

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.

Date: 03 05.23		
Your Name: Luis Filine Az	len ha	
Manuscript Title: RATS Resect	tron of amicronodylar	thymorma with lymphoiol
Manuscript number (if known):		sčroma

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2	Grants or contracts from any entity (if not indicated	Time frame: past	36 months
	in item #1 above).		
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	None	
	testimony		
7	Company for attending	None	
/	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	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 services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
			,
Plea	ase place an "X" next to the	following statement to in	dicate your agreement:
	I soutify that I become an		are wet altered the worlding offall
		ed every question and have	ve not altered the wording of any of the questions on th
	form.		

Date: 03.05.2023
Your Name:_Peter Kestenholz
Manuscript Title: Robot-assisted Thoracic Surgery (RATS) resection of a micronodular thymoma with lymphoid stroma
a case report
Manuscript number (if known):

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

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

I don't have a conflict of interest.		
	th .	

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.

Your Name: Fabrizio Minervini

Manuscript Title: Robot-assisted Thoracic Surgery (RATS)resection of a micronodular thymoma with lymphoid stroma:

a case report

Manuscript numbe	r (if known):			

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2	Grants or contracts from	Time frame: past X None	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
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 follo	wing hox:

No conflict of interest to declare				

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

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