Date: \_\_\_\_\_December\_25<sup>th</sup>,2021\_\_\_\_\_\_ Your Name: \_ Danfang Yan\_\_\_\_\_\_ Manuscript Title: \_\_\_Analysis of deep inspiration breath hold technique to improve dosimetric and clinical advantages in postoperative intensity-modulated radiation therapy for thymomas\_\_\_\_\_\_ Manuscript number (if known): \_\_QIMS-21-1101\_\_\_\_\_\_

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
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	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
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

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Date:\_\_\_\_December\_27<sup>th</sup>,2021\_\_\_\_\_ Your Name:\_ Lihua Ning \_\_\_\_\_ Manuscript Title:\_\_Analysis of deep inspiration breath hold technique to improve dosimetric and clinical advantages in postoperative intensity-modulated radiation therapy for thymomas\_\_\_\_\_\_ Manuscript number (if known):\_\_QIMS-21-1101\_\_\_\_\_

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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:\_\_\_\_\_December\_27<sup>th</sup>,2021\_\_\_\_\_ Your Name:\_ Ying Chen\_\_\_\_\_ Manuscript Title:\_\_Analysis of deep inspiration breath hold technique to improve dosimetric and clinical advantages in postoperative intensity-modulated radiation therapy for thymomas\_\_\_\_\_\_ Manuscript number (if known):\_\_QIMS-21-1101\_\_\_\_\_\_

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone	
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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	
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13	Other financial or non- financial interests	_XNone	

None

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

Date:\_\_\_\_December\_26<sup>th</sup>,2021\_\_\_\_\_ Your Name:\_ Shanbao Ke\_\_\_\_\_ Manuscript Title:\_\_Analysis of deep inspiration breath hold technique to improve dosimetric and clinical advantages in postoperative intensity-modulated radiation therapy for thymomas\_\_\_\_\_\_ Manuscript number (if known):\_\_QIMS-21-1101\_\_\_\_\_

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4	Consulting fees	XNone	

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11	Stock or stock options	_XNone	
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13	Other financial or non- financial interests	_XNone	

None

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

Date:\_\_\_\_\_December\_26<sup>th</sup>,2021\_\_\_\_\_\_ Your Name:\_ Huijie Huang\_\_\_\_\_\_ Manuscript Title:\_\_\_Analysis of deep inspiration breath hold technique to improve dosimetric and clinical advantages in postoperative intensity-modulated radiation therapy for thymomas\_\_\_\_\_\_ Manuscript number (if known):\_\_QIMS-21-1101\_\_\_\_\_\_

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4	Consulting fees	XNone	

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7	Support for attending meetings and/or travel	_XNone	
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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

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Date:\_\_\_\_\_December\_25<sup>th</sup>,2021\_\_\_\_\_\_ Your Name:\_ Lihong Wang\_\_\_\_\_\_ Manuscript Title:\_\_\_Analysis of deep inspiration breath hold technique to improve dosimetric and clinical advantages in postoperative intensity-modulated radiation therapy for thymomas\_\_\_\_\_\_ Manuscript number (if known):\_\_QIMS-21-1101\_\_\_\_\_\_

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13	Other financial or non- financial interests	_XNone	

None

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Date: \_\_\_\_\_December\_27<sup>th</sup>,2021\_\_\_\_\_\_ Your Name: \_ Senxiang Yan\_\_\_\_\_\_ Manuscript Title: \_\_\_Analysis of deep inspiration breath hold technique to improve dosimetric and clinical advantages in postoperative intensity-modulated radiation therapy for thymomas \_\_\_\_\_\_ Manuscript number (if known): \_\_QIMS-21-1101\_\_\_\_\_

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