Date:3/21/2021	
Your Name:Peng Yang	
• — •	vo surgical methods for the treatment of optic pathway gliomas in the intra term clinical follow-up which evaluates the surgical
Manuscript number (if known):	TP-20-451-R2

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	Payment for expert	X None
	testimony	
	Support for attending meetings and/or travel	_XNone
	Patents planned, issued or pending	XNone
	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
	Stock or stock options	XNone
,	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
	Other financial or non- financial interests	_X_None

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Date:3/21/2021		_
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· — ·	vo surgical methods for the treatment of optic pathway gliomas in the in term clinical follow-up which evaluates the surgical	tra-
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4	Consulting fees	_XNone	

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

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separately.

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

Date:3/21/2021		 	
Your Name:E Qiu		 	
Manuscript Title:Comparison o orbital segment: an analysis of lor outcome	•		omas in the intra-
Manuscript number (if known):	TP-20-451-R2		

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	Payment for expert	X None
	testimony	
	Support for attending meetings and/or travel	_XNone
	Patents planned, issued or pending	XNone
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	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
	Stock or stock options	XNone
,	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
	Other financial or non- financial interests	_X_None

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Date:3/21/2021	
Your Name:Wei Wang	
orbital segment: an analysis of lon	two surgical methods for the treatment of optic pathway gliomas in the intra g-term clinical follow-up which evaluates the surgical
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4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	_XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	XNone	
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	illiancial interests		

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separately.	

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

Date:3/21/2021	
Your Name:Jia-Liang Zhang	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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	testimony		
7	Support for attending meetings and/or travel	XNone	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	_XNone	
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	The state of the s		
12	Receipt of equipment,	X None	
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Date:3/21/2021	
Your Name:Li-Bin Jiang	
Manuscript Title:Comparison of two surgical methods for the treatment of optic pathway gliomas in the i	ntra-
orbital segment: an analysis of long-term clinical follow-up which evaluates the surgical	
outcome	
Manuscript number (if known):TP-20-451-R2	_

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13	Other financial or non- financial interests	XNone	
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Date:3/21/2021		_
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4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	_XNone	
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6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	_ X None	
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11	Stock or stock options	_XNone	
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	services		
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