

ICMJE DISCLOSURE FORM

Date: 14 APR 2022

Your Name: GIOVANNI M. CORACCHIO

Manuscript Title: Induction chemotherapy with carboplatin and paclitaxel for thymoma in acute respiratory distress due to myasthenia gravis: a case report

Manuscript number (if known): APM-22-199

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.

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

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	

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

NO CONFLICT OF INTEREST

Please 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.

ICMJE DISCLOSURE FORM

Date: 14/04/2022

Your Name: BENETTI BEATRICE

Manuscript Title: INDUCTION CHEMOTHERAPY WITH CARBOPLATIN AND PACLITAXEL FOR THYMOMA IN

Manuscript number (if known): ACUTE RESPIRATORY DISTRESS DUE TO MYASTHENIA GRAVIS: A CASE REPORT
APM-22-199

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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George Lewis

ICMJE DISCLOSURE FORM

Date: 13 APR 2022

Your Name: DI LISA ELISABETTA

Manuscript Title: Induction chemotherapy with carboplatin and paclitaxel for thymoma in acute respiratory distress due to myasthenia gravis: a case report

Manuscript number (if known): APM-22-199

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13	Other financial or non-financial interests	___ None	

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

Edo Lio

ICMJE DISCLOSURE FORM

Date: 13/04/22

Your Name: ALICE MENICHEIN

Manuscript Title: Induction chemotherapy with carboplatin and paclitaxel for thymoma in acute respiratory distress due to myasthenia gravis: a case report

Manuscript number (if known): APM-22-199

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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ICMJJE DISCLOSURE FORM

Date: 14 April 2022

Your Name: VALENTINA GUARNERI

Manuscript Title: Induction chemotherapy with carboplatin and paclitaxel for thymoma in acute respiratory distress due to myasthenia gravis: a case report

Manuscript number (if known): APM-22-199

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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	X None	
4	Consulting fees	None	ELI LILLY, NOVARTIS, GSK

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	ELI LILLY, NOVARTIS, GSK
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	<u> </u> None	PATENT PENDING FOR REVAEL GENOMICS
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	ELI LILLY, NOVARTIS, MSD, GILEAD
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 following box:

VG reports the following conflicts of interest: Consulting fees payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events for ELI LILLY, NOVARTIS, GSK; patent pending for REVAEL GENOMICS; participation on a Data Safety Monitoring Board or Advisory Board for ELI LILLY, NOVARTIS, MSD, GILEAD.

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.

ICMJE DISCLOSURE FORM

Date: 11/04/2022

Your Name: FEDERICO REA

Manuscript Title: Induction chemotherapy with carboplatin and paclitaxel for thymoma in acute respiratory distress due to myasthenia gravis: a case report

Manuscript number (if known): APM-22-199

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ICMJE DISCLOSURE FORM

Date: 14 april 2022

Your Name: GIULIA PASELLO

Manuscript Title: Induction chemotherapy with carboplatin and paclitaxel for thymoma in acute respiratory distress due to myasthenia gravis: a case report

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CONSULTANT/ADVISOR FOR:	ASTRAZENECA, ROCHE, BOEHRINGER ING, MSD, TAKEDA, LILLY, NOVARTIS
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:

The author acts as a CONSULTANT/ADVISOR FOR ASTRAZENECA, ROCHE, BOEHRINGER ING, MSD, TAKEDA, LILLY, NOVARTIS.

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Julie Parillo