Date: 14	KYIL 7	1077_		
Your Name:	GIOVAN	NI	П.	COMACCHIO
Manuscript Tit	e: Induction ch	emothera	py with	carboplatin and paclitaxel for thymoma in acute respiratory distress due
to myasthenia i	ravis: a case re	port		

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

11. 150

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> manuscript only.

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.

	Province Section (Control of the Section (Control of t	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)
1		Time frame: Since the initi	al 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	
操 机		Time frame: pas	st 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 testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
		世界。包括基準計畫	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

No	CONFLICT	07	いべてもんさらっ

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.

Date: 14/04/2022				
Your Name: BENETH BEA	TRICE		· Carlottel	FOR THYMOMA IN
Your Name: BENETTI BEA Manuscript Title: INDUCTION	CHEMOTHERAPY WITH	CARBOPLATIN AND	O PACLITATELL	GRAUS: A CASE REPORT
Manuscript Title: <u>โทดบุตาล</u> Manuscript number (if known)	ACUTE RESPIRATORY	DISTRESS DUE T	O MYASICNIA	CHONOLS - 1- S.
	APM-22-199			

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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
in later		■Time frame: Since the initi	al 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>X_None</u>	
5,6576		Time frame: pas	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	<u>V</u> None	
	Royalties or licenses	<u> </u>	
1	Consulting fees	<u>×</u> None	

5	Payment or honoraria for	✓None	
	lectures, presentations, 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	<u>>₁</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_> None	
11	Stock or stock options	<u></u> None None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u></u> None	
3	Other financial or non- financial interests	≺_None	

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.

Date: 13 APR 2022

You	ur Name: Di Liso	ELIS ARETT A	
Ma	nuscrint Title: Induction chem	otherany with carboplatin a	nd paclitaxel for thymoma in acute respiratory distress due
	nyasthenia gravis: a case repo		
	nuscript number (if known):		
rela par to	ated to the content of your materials whose interests may be	nanuscript. "Related" means affected by the content of t ecessarily indicate a bias. If	ationships/activities/interests listed below that are any relation with for-profit or not-for-profit third ne manuscript. Disclosure represents a commitment you are in doubt about whether to list a o.
	e following questions apply to nuscript only.	o the author's relationships	/activities/interests as they relate to the current
to	e author's relationships/activ the epidemiology of hyperte edication, even if that medica	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.
In i	item #1 below, report all sup e time frame for disclosure is	port for the work reported the past 36 months.	in this manuscript without time limit. For all other items
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
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1 2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pas	(e.g., if payments were made to you or to your institution) planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pas	(e.g., if payments were made to you or to your institution) planning of the work
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialNoneNoneNone	(e.g., if payments were made to you or to your institution) planning of the work
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialNoneNoneNone	(e.g., if payments were made to you or to your institution) planning of the work

5	Payment or honoraria for	T	
	lectures present it	None	
	lectures, presentations, speakers bureaus,		
	manus,		
	manuscript writing or	1	
	educational events	1	*
6	Payment for expert	None	
	testimony	None	
7	Support for attending		
	meetings and/or travel	None	
	l and of travel		
		1	
8	Patents planned, issued or	None	
	pending	None	
9	Participation on a Data		
	Safety Monitoring Board or	None	
	Advisory Board		
10			
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	40 4 4 4 4 4 4 4
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	a.reidi III.di ests		
-			
Ple	ase summarize the above co	onflict of interest in the follo	wing box:

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.

Es Lis

Date: 13/04/22	3	
Your Name: ALICE MENIC	HETT	

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.

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		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	X_None	
4	Consulting fees	₹_None	

lectures, presentations, speakers bureaus, manuscript writing or educational events	0	
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued or pending	None	
Participation on a Data Safety Monitoring Board or Advisory Board	None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non- financial interests	None	
ease summarize the above o	onflict of interest in the foll	owing box:
	speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

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

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Oluful

Date:14 April 2022_

Your Name: VALENTINA GUARNERI

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.

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

any entity (if not indicated

X None

X None

X None

None

to myasthenia gravis: a case rep	ort	and paclitaxel for thymoma in acute respiratory distress	due
Manuscript number (if known):			
related to the content of your r parties whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.	
The following questions apply t manuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.	
In item #1 below, report all sup the time frame for disclosure is	•	in this manuscript without time limit. For all other item	ns,
	Name all entities with	Specifications/Comments	
	whom you have this	(e.g., if payments were made to you or to your	
	relationship or indicate none (add rows as needed)	institution)	
	Time frame: Since the initial	planning of the work	

Time frame: past 36 months

ELI LILLY, NOVARTIS, GSK

5	Payment or honoraria for	None	ELI LILLY, NOVARTIS, GSK
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Cuppert for attending	X None	
/	Support for attending meetings and/or travel	x None	
	meetings and, or traver		
8	Patents planned, issued or	None	PATENT PENDING FOR REVAEL GENOMICS
	pending		
0	Dantinination on a Data	News	FILLILLY NOVARTIC MCD CHEAD
9	Participation on a Data Safety Monitoring Board or	None	ELI LILLY, NOVARTIS, MSD, GILEAD
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
		A THOME	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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.

Date:	14/06	1/2002						
Your Name:	/	/ FED	ERICO	REA				
Manuscript Ti	tle: Induction	n chemotherap	y with carbon	olatin and pa	clitaxel for thy	ymoma in a	cute respirato	ry distress due
to myasthenia	gravis: a cas	e report						
Manuscript nu	ımber (if kno	own): APM-22-	199					

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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 initi	al 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	
868	1000年100日 100日 100日 100日	Time frame: pas	st 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	Consent for ottending	None	
	Support for attending meetings and/or travel	None	
	I meetings and/or traver		
8	Patents planned, issued or	None	
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	Ferrama		
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		
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11	Stock or stock options	None	
17	Passint of againment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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.

Date	e:	14 april 2022	
You	r Name: GIULIA PASELLO)	
to m	nuscript Title: Induction cher nyasthenia gravis: a case reponuscript number (if known):	ort	n and paclitaxel for thymoma in acute respiratory distress due
relate part	ted to the content of your miles whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th	_	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		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 initia	al 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: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
3	in item #1 above). Royalties or licenses	None	

Consulting fees

None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	CONSULTANT/ADVISOR FOR: None	ASTRAZENECA, ROCHE, BOEHRINGER ING, MSD, TAKEDA, LILLY, NOVARTIS
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	

The author acts as a	CONSULTANT/ADVISOR	FOR ASTRAZENECA	, ROCHE, BO	EHRINGER ING,	MSD, TAKI	EDA, LILLY,
NOVARTIS.						

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.

Sintie Casallo