

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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### Section 1. Identifying Information

1. Given Name (First Name)

Andrew

2. Surname (Last Name)

Akcelik

3. Date

8/7/2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Surgical management of locally advanced thymic neoplasms

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name)

Roman

2. Surname (Last Name)

Petrov

3. Date

8/7/2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Surgical management of locally advanced thymic neoplasms

6. Manuscript Identifying Number (if you know it)

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Charles

2. Surname (Last Name)

Bakhos

3. Date

8/7/2021

4. Are you the corresponding author?

 Yes No

5. Manuscript Title

Surgical management of locally advanced thymic neoplasms

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Abbas

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Abbas

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