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7	1914	2500					
Date: Au	12	0000	_	-			
Your Name:_	MI	700	M	2/EC/N	5161		
Manuscript T	itle: ITMIG2	021 Tumor	Board: A	Case of a 37 Year-Old	d Man with TNM	Stage IVA Thymo	ma
Case Report.	Extended A	bstract					
Manuscript n	umber (if kr	nown):					-

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>.

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) 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	None	
4	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus,	None	
manuscript writing or educational events		
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	
	lectures, presentations, 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-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expertNone 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 nonNone

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

XIO	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.

Mulled

Date:	1/6/2022
Your I	Name:Anja Roden, MD
Manu	script Title: ITMIG2021 Tumor Board: A Case of a 37 Year-Old Man with TNM Stage IVa Thymoma
Case I	Report. Extended Abstract
Manu	script number (if known):

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Transplant Scholarly Time award - Unique Gene Expression Signatures in Lung Explants of Patients with Shortened Telomeres and their Prognostic Significance. Funded by Mayo Clinic Transplant Center; 2021-2023 Differential expression of inflammatory genes aids in the diagnosis of antibody mediated and acute rejection and their distinction from morphologic mimics in lung allografts. Funded by DLMP

			Research Fund; 2019-2021
3	Royalties or licenses	None	Contribution of medical educational material to up-to- date
4	Consulting fees	XNone	
_	Deverage or handwin for	News	Handwari wa fuana tha Callana of Amarican Bathalanista
5	Payment or honoraria for lectures, presentations,	None	Honorarium from the College of American Pathologists for lecture
	speakers bureaus,		
	manuscript writing or		
-	educational events	V. None	
6	Payment for expert testimony	XNone	
	,		
7	Support for attending meetings and/or travel	_XNone	
	g ,		
8	Patents planned, issued or	_XNone	
	pending		
	5		
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	V None	
15	financial interests	_XNone	
	iniariciai iriccreses		
PI	ease summarize the above o	conflict of interest in the fo	ollowing box:

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:	_1/05/2022
Your Name:	Mylene T. Truong
Manuscript Title	: ITMIG2021 Tumor Board: A Case of a 37 Year-Old Man with TNM Stage IVA Thymoma
Case Report. Ext	ended Abstract
Manuscript num	ber (if known):

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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		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.	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	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N. s. s	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	meetings and, or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	Nege	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DΙ	ease summarize the above o	onflict of interest in the fo	Illowing hov
• • •			morning som
	<u> </u>		

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:	1/06/2022
Your Name:	Dirk VAN RAEMDONCK, MD, PHD
Manuscript Title:	ITMIG2021 Tumor Board: A Case of a 37 Year-Old Man with TNM Stage IVa Thymoma
Case Report. Exte	ended Abstract
Manuscript num	ber (if known):

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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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	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	Cupport for attending	None	
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
	2		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dla	ase summarize the above co	anflict of interest in the fol	lowing hov:
1 10	ase summanize the above to	minet of interest in the for	to thing box.

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. Dirk Van Raemdonck, Leuven, 6th January 2022

te: January 5,2022
ur Name:Ritsuko Komaki, M.D
anuscript Title: ITMIG2021 Tumor Board: A Case of a 37 Year-Old Man with TNM Stage IVA Thymoma
se Report. Extended Abstract
anuscript number (if known):

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)	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,	xNone	
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	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	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N.	
6	Payment for expert	xNone	
	testimony		
7	Cupport for attending	y Nene	
/	Support for attending meetings and/or travel	_xNone	
	meetings and/or traver		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	y Nego	
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Ple	ease summarize the above o	conflict of interest in the fo	llowing box:
<u> </u>			

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.

Dat	· ·		1/10/2022			
Your Name:			Heather Wakelee			
Ma	nuscript Title:		ITMIG2021 Tumor Board: A Case of a 37 Case Report. Extended Abstract	Year-Old Man with TNM Stage IVA Thymoma		
Ma	nuscript Number (if l	known):				
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if			
-	t medication is not m	-	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time		
			entities with whom you have this hip 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,	⊠ No	one	Click the tab key to add additional rows.		
	medical writing, article processing charges, etc.) No time limit for this item.					
			Time frame: past 36 month	S		
2	Grants or contracts from	□ No	ne			
	any entity (if not		iosciences	Research Funding to Institution		
	indicated in item		nerapeutics	Research Funding to Institution		
	#1 above).		neca/Medimmune	Research Funding to Institution		
		BMS		Research Funding to Institution		
			ncology	Research Funding to Institution		
			ech/Roche	Research Funding to Institution		
		Merck		Research Funding to Institution		
		Novarti		Research Funding to Institution		
		SeaGen		Research Funding to Institution		
		Xcovery	1	Research Funding to Institution		

Research Funding to Institution

Helsinn

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None	
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	AstraZeneca Xcovery Janssen Daiichi Sankyo Blueprint Mirati Helsinn	Advisory Board (compensated) – 7/2018, 6/2020 Advisory Board (compensated) – 2/2019 Advisory Board (compensated) – 4/2019 Advisory Board (compensated) – 9/2019 Advisory Board (compensated) – 6/2020 Advisory Board (compensated) – ongoing Advisory Board (compensated) – ongoing

		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)	
		Merck Takeda Genentech/Roche Cellworks	Advisory Board (NOT compensated) Advisory Board (NOT compensated) Advisory Board (NOT compensated) Advisory Board (NOT compensated)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None International Association for the Study of Lung Cancer (IASLC) ECOG-ACRIN	President Executive committee	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 8/26/2021 ICMJE Disclosure Form

Date:	2022-01-05
-------	------------

Your Name: Malgorzata Szolkowska

Manuscript Title: ITMIG2021 Tumor Board: A Case of a 37 Year-Old Man with TNM Stage IVA Thymoma

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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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	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	None	
	lectures, presentations,	Boehringer Ingelheim	Paid lectures
	speakers bureaus,	AstraZeneca Pharma	T dia rectares
	manuscript writing or	Poland.	Paid lectures
	educational events	Roche Polska	Paid lectures
		MSD Polska	Paid lectures
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	X None	
	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X None	
0	pending	XNone	
	pending		
9	Participation on a Data	XNone	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	Secretary of ITMIG	Non-paid function
	committee or advocacy	Chair of Thymic and	Non-paid function
	group, paid or unpaid	Mediastinal Working	Non-paid function
	g. cup, paid of dispaid	Group in European Society	
		of Pathology	
		Member of Main Revisory	Non-paid function
		Board in the Polish Society	
		of Pathology	
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical	-	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Non-paid functions in scientific societies: Secretary of ITMIG, Chair of Thymic and Mediastinal Working Group in European Society of Pathology, Member of Main Revisory Board in the Polish Society of Pathology.

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.