

## ICMJE DISCLOSURE FORM

Date: 18-09-2022

Your Name: Changlu Wang

Manuscript Title: Surgical resection followed by entire hemithorax irradiation in patients with stage IVa thymoma: preliminary result of a prospective phase II study

Manuscript number (if known): med-6-001

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.

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3	Royalties or licenses	None	
4	Consulting fees	None	

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11	Stock or stock options	<u>      </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>      </u> None	
13	Other financial or non-financial interests	<u>      </u> None	

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## ICMJE DISCLOSURE FORM

Date: 18-09-2022

Your Name: Qin Zhang

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## ICMJE DISCLOSURE FORM

Date: 18-09-2022

Your Name: Xiaolong Fu

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Your Name: Zhitao Gu

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Your Name: Teng Mao

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