ICMJE DISCLOSURE FORM

Date: 09/14/2022
Your Name: James Dolezal
Manuscript Title: Automated histologic subtyping of thymic epithelial tumors with deep learning
Manuscript number (if known): med-22-ab012

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 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.

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.**	NIH T32 Training Grant (#5 T32 CA 9566-34)	Payments made to institution
**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 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:

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: 9/19/22
Your Name: Wenji Guo
Manuscript Title: Automated Histologic Subtyping of Thymic Epithelial tumors with Deep Learning
Manuscript 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

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.**	__X__None	
		**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	__X__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
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:

None.

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: September 19, 2022
Your Name: Christine M. Bestvina
Manuscript Title: Automated Histologic Subtyping of Thymic Epithelial tumors with Deep Learning
Manuscript 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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. 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.

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.**	_x___None	
**Time frame: past 36 months**
2	Grants or contracts from any entity (if not indicated in item #1 above).	____None	AstraZeneca, BMS
3	Royalties or licenses	__x__None	
4	Consulting fees	____None	(Advisory Board) AstraZeneca, BMS, CVS, Genentech, Jazz, JNJ, Novartis, Pfizer, Regeneron, Sanofi, Seattle Genetics, Takeda

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____None	(Speakers Bureau) Merck
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	__x__None	
8	Patents planned, issued or pending	__x__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
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:

Christine M. Bestvina reports grants or contracts from AstraZeneca, BMS; consulting fees from AstraZeneca, BMS, CVS, Genentech, Jazz, JNJ, Novartis, Pfizer, Regeneron, Sanofi, Seattle Genetics, Takeda; Payment or honoraria for speaker from Merck.

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: 09/20/2022
Your Name: Everett Vokes
Manuscript Title: Automated Histologic Subtyping of Thymic Epithelial tumors with Deep Learning
Manuscript 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

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.**	__x__None	
		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	AstraZeneca, Beigene, BioNTech, BMS, Eli Lilly, EMD Serono, GeneCentric, Genentech/Roche, GlaxoSmithKline, Novartis

#	Category	None	Disclosure
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____None	AstraZeneca, Beigene, BioNTech, BMS, Eli Lilly, EMD Serono, GeneCentric, Genentech/Roche, GlaxoSmithKline, Novartis
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	__x__None	
8	Patents planned, issued or pending	__x__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____None	ASCO
11	Stock or stock options	____None	McKesson, Coordination Pharmaceuticals
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:

Consultant/Advisory Roles for all drug companies mentioned above, unrelated to the present manuscript. No financial conflict of interest for this work.

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: September 19, 2022
Your Name: Jessica Donington
Manuscript Title: Automated Histologic Subtyping of Thymic Epithelial tumors with Deep Learning
Manuscript 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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. 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.

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.**	_x___None	
**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	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	Honoraria for speaking and advisory board
		BMS	Honoraria for speaking and advisory board
		Roche/Genentech	Honoraria for speaking and advisory board
		Merk	Honoraria for speaking and advisory board
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	__x__None	
8	Patents planned, issued or pending	__x__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
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:

I speak and advise with regard to mutlimoadilty therapy for NSCLC for AstraZeneca, BMS, Roche/Genentech, and Merk.

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: September 19, 2022
Your Name: Aliya N. Husain
Manuscript Title: Automated Histologic Subtyping of Thymic Epithelial tumors with Deep Learning
Manuscript 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

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.**	_x___None	
**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	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	__x__None	
8	Patents planned, issued or pending	__x__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
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:

None.

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: 9/20/2022
Your Name: Marina Garassino
Manuscript Title: Automated Histologic Subtyping of Thymic Epithelial tumors with Deep Learning
Manuscript 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

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.**	_X__None	
**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	AstraZeneca, MSD International GmbH, BMS, Boehringer Ingelheim Italia S.p.A, Celgene, Eli Lilly, Ignyta, Incyte, Inivata, MedImmune, Novartis, Pfizer, Roche, Takeda, Seattle Genetics, Mirati, Daiichi Sankyo, Regeneron, Merck, Ose Immuno Therapeutics, Blueprint, Jansenn, Sanofi

#			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____None	Eli Lilly, MSD, Pfizer (MISP); AstraZeneca, MSD International GmbH, BMS, Boehringer Ingelheim Italia S.p.A, Celgene, Ignyta, Incyte, MedImmune, Novartis, Pfizer, Roche, Takeda, Tiziana, Foundation Medicine, Glaxo Smith Kline GSK, Spectrum pharmaceuticals
6	Payment for expert testimony	__X_None	
7	Support for attending meetings and/or travel	__X_None	
8	Patents planned, issued or pending	__X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X_None	
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:

> Consultant/advisory roles for all above drug companies, unrelated to the present manuscript. No financial conflict of interest for this work.

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.