

ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Xabier Mielgo-Rubio

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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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		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.	___ 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 lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca	
		MSD	
		Pfizer	
		BMS	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	Roche	
		BMS	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra Zeneca	
		Boehringer	
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:

Dr. Mielgo-Rubio reports personal fees from Astra Zeneca, MSD, BMS and Pfizer in speakers bureaus and educational events concept, and personal fees from Astra Zeneca and Boehringer in Advisory role concept. He also reports support for attending meetings from Roche and BMS.

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 2022

Your Name: Susana Hernando Polo

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Elisabeth Jiménez Aguilar

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Clara Olier Garate

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Alicia Hurtado Nuño

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Diana Moreno Muñoz

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Maria Virginia Sánchez Becerra

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Andrea María González López

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Mónica Esteban García

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Teresa Robles Bermejo

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Manuel Barón

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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 2022

Your Name: Florentino Hernando Trancho

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: José Ramón Jarabo

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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ICMJE DISCLOSURE FORM

Date: September 2022

Your Name: Juan Carlos Cámara Vicario

Manuscript Title: Effective somatostatin analogs in a case of advanced thymoma with no uptake in the octreotide scan
 Manuscript number (if known): med-22-ab014

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