## ICMJE DISCLOSURE FORM

Date:	6/24/2023	
Your Name:	Masaru Takenaka	
Manuscript Title:	Perioperative management and postoperative outcomes of locally advanced thymic epithelial tumors: a narrative review	
Manuscript Number (if known):	MED-23-24	

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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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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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None [	
13	Other financial or non-financial interests	[⊠] 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:	6/26/2023
Your Name:	Koji Kuroda
Manuscript Title:	Perioperative management and postoperative outcomes of locally advanced thymic epithelial tumors: a narrative review
Manuscript Number (if known):	MED-23-24

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		Time frame: past 36 month	ns
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	

		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)
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 [	
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## ICMJE DISCLOSURE FORM

Date:	6/26/2023
Your Name:	Fumihiro Tanaka
Manuscript Title:	Perioperative management and postoperative outcomes of locally advanced thymic epithelial tumors: a narrative review
Manuscript Number (if known):	MED-23-24

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		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item	<ul> <li>None</li> <li>Boehringer Ingelheim Japan</li> <li>Ono pharmaceutical</li> </ul>	Grants Grants
	#1 above).	Taiho pharmaceutical	Grants
		Illy Lilly Japan	Grants
		Chugai pharmaceutical	Grants
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	presentations,	MSD Deistel Mauser Cruikk	Speaker's bureau
	speakers	Bristol-Meyers Squibb	Speaker's bureau
	bureaus,	Boehringer Ingelheim Japan	Speaker's bureau
	manuscript	Ono pharmaceutical Johnson & Johnson	Speaker's bureau
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	educational	Covidien Japan	Speaker's bureau
	events	Taiho pharmaceutical	Speaker's bureau
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			Speaker's bureau
		Chugai pharmaceutical	Speaker's bureau Speaker's bureau
		Kyowa-Kirin	
		Takeda pharmaceutical Pfizer	Speaker's bureau Speaker's bureau
		Olympus	Speaker's bureau
		Stryker	Speaker's bureau
		Intuitive Japan	Speaker's bureau
			Speakers bureau
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or	[⊠] None	
	travel		
8	Patents planned, issued or pending	[⊠] None	
	pending		
9	Participation on	⊠ None	
	a Data Safety		
	Monitoring		
	Board or Advisory Roard		
	Advisory Board		
10	Leadership or fiduciary role in	[⊠] None	

		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)
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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	
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