

ICMJE DISCLOSURE FORM

Date: 27/10/2023

Your Name: Diana Bacchin

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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.

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

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Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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ICMJE DISCLOSURE FORM

Date: 27/10/2023

Your Name: Andrea Castaldi

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

Manuscript number (if known):_

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Date: 27/10/2023

Your Name: Maria Giovanna Mastromarino

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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Date: 27/10/2023

Your Name: Stylianos Korasidis

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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Date: 27/10/2023

Your Name: Michelangelo Maestri

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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Date: 27/10/2023

Your Name: Melania Guida

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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ICMJE DISCLOSURE FORM

Date: 27/10/2023

Your Name: Roberta Ricciardi

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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Date: 27/10/2023

Your Name: Marcello Carlo Ambrogi

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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Date: 27/10/2023

Your Name: Marco Lucchi

Manuscript Title: Prednisone as Neoadjuvant Therapy in Thymomas

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11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input 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:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.