

ICMJE DISCLOSURE FORM

Date: October, 23nd, 2023

Your Name: Nicolas PITON

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

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.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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: October, 22nd, 2023

Your Name: Audrey Mansuet-Lupo

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known): _

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ICMJE DISCLOSURE FORM

Date: 20/10/2023

Your Name: chalabreysse

Manuscript Title: basaloid carcinoma of the thymus

Manuscript number (if known):_

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ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Romain Dubois

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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ICMJJE DISCLOSURE FORM

Date: 10/20/23

Your Name: HOFMAN

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known): _

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ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Cécile Le Naoures

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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None.

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ICMJJE DISCLOSURE FORM

Date: October 20, 2023

Your Name: THOMAS DE MONTPREVILLE Vincent

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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Please summarize the above conflict of interest in the following box:

No conflict of interest to declare

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: 27/10/ 2023

Your Name: Anne De Muret

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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ICMJE DISCLOSURE FORM

Date: 20 octobre 2023

Your Name: Parrens Marie

Manuscript Title : Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):

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DR Marie Parrens

ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Isabelle Rouquette

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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ICMJE DISCLOSURE FORM

Date: October, 23nd, 2023

Your Name: Véronique SECQ

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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: 20/10/23
 Your Name: DAVES Jean-Philippe
 Manuscript Title: Basaloid Carcinoma of the Thymus: experience of the RYTHMIE network over an 8-year period -
 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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Time frame: past 36 months			
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3	Royalties or licenses	None /	
4	Consulting fees	None /	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>None</u> /	
6	Payment for expert testimony	<u>None</u> /	
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ICMJE DISCLOSURE FORM

Date: 2023-24-10

Your Name: Damien Sizaret

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

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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3	Royalties or licenses	__X__ None	
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ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Pascale Missy

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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None.

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ICMJE DISCLOSURE FORM

Date: October, 25nd, 2023

Your Name: Quân TRAN

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

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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ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Édith Bazeli

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Alexander Marx

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Nicolas Girard

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Benjamin Besse

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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ICMJE DISCLOSURE FORM

Date: 27/10/ 2023

Your Name: Thierry Jo Molina

Manuscript Title: Basaloid carcinoma of the thymus: experience of the RYTHMIC network over an 8-year period

Manuscript number (if known):_

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