

## ICMJE DISCLOSURE FORM

**Date:** 10/29/2023

**Your Name:** Hannah Davis

**Manuscript Title:** Local Recurrence of Thymoma following Minimally Invasive Resection: A Retrospective Case Series

**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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**Please place an "X" next to the following statement to indicate your agreement:**

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**Date:** 10/29/2023

**Your Name:** Emily Heldman

**Manuscript Title:** Local Recurrence of Thymoma following Minimally Invasive Resection: A Retrospective Case Series

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**Your Name:** Brice Wuthrich

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**Manuscript Title:** Local Recurrence of Thymoma following Minimally Invasive Resection: A Retrospective Case Series

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**Your Name:** Hector Mesa

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**Your Name:** Kenneth Kesler

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**Your Name:** Rohan Maniar

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**Date:** 10/29/2023

**Your Name:** Patrick Loehrer

**Manuscript Title:** Local Recurrence of Thymoma following Minimally Invasive Resection: A Retrospective Case Series

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