Date:2021/8/28 Your Name: Lihua Yu Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Medical Records Department of Zhujiang Hospital of Southern Medical University. Ibrahim Qaddoumi Anthony Liu Chenchen Sun Patients and families	Clinical data of patients Invitation and instruction on this paper Help and guidance on this paper Help and guidance on this paper Cooperation and agreement for participation in this study
		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u>	
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	X	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	×	
6	Payment for expert testimony	<u>X</u>	
	testimony		
7	Support for attending	X	
,	meetings and/or travel	<u>~</u>	
8	Patents planned, issued or	<u>X</u>	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or	Department of Zhujiang	
	Advisory Board	Hospital of Southern	
10	Leadership or fiduciary role	Medical University.	
10	in other board, society,	<u>X</u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X	
12	Receipt of equipment,	<u>x</u>	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	v	
13		<u>X</u>	
	financial interests		

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

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

Date:2021/8/28 Your Name: Jiale Liu Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u>	
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	<u>X</u>	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x	
-	testimony		
	,		
7	Support for attending meetings and/or travel	X	
8	Patents planned, issued or	<u>x</u>	
	pending		
-			
9	Participation on a Data Safety Monitoring Board or	Medical Records Department of Zhujiang	Clinical data of patients
	Advisory Board	Hospital of Southern	
		Medical University.	
10	Leadership or fiduciary role	X	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X	
11		<u>^</u>	
12	Receipt of equipment,	x	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u>	
	financial interests		

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

Date:2021/8/28 Your Name: Minjie Luo Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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	processing charges, etc.)	Ibrahim Qaddoumi	Invitation and instruction on this paper
	No time limit for this item.	Anthony Liu	Help and guidance on this paper
		Chenchen Sun	Help and guidance on this paper
		Patients and families	Cooperation and agreement for participation in this study
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u>	
3	Royalties or licenses	X	

4	Consulting fees	<u>X</u>	
5	Payment or honoraria for	X	
5	lectures, presentations,	<u>^</u>	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u>	
	testimony		
7	Support for attending meetings and/or travel	X	
	meetings and/or traver		
8	Patents planned, issued or	<u>X</u>	
	pending		
-			
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	Advisory Board	Hospital of Southern	
	Addisory board	Medical University.	
10	Leadership or fiduciary role	X	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x	
12	Receipt of equipment,	<u>x</u>	
	materials, drugs, medical		
	writing, gifts or other		
4.5	services	N	
13	Other financial or non- financial interests	<u>×</u>	
	inancial interests		

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Please place an "X" next to the following statement to indicate your agreement: Minjie Luo: I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2021/8/28 Your Name: Danna Lin Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: past	,
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u>	
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	X	
5	Payment or honoraria for	x	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u>	
	testimony		
_			
7	Support for attending meetings and/or travel	<u>×</u>	
	<u> </u>		
8	Patents planned, issued or	X	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or	Department of Zhujiang	
	Advisory Board	Hospital of Southern	
		Medical University.	
10	Leadership or fiduciary role	<u>X</u>	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X	
11			
12	Receipt of equipment,	X	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u>	
	financial interests		

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Date:2021/8/28 Your Name: Li Wu Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: past	,
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u>	
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	<u>X</u>	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X	
Ū	testimony	<u> </u>	
	,		
7	Support for attending	X	
	meetings and/or travel		
8	Patents planned, issued or	<u>X</u>	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or Advisory Board	Department of Zhujiang Hospital of Southern	
		Medical University.	
10	Leadership or fiduciary role	X	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u>	
12	Receipt of equipment,	X	
12	materials, drugs, medical	<u>^</u>	
	writing, gifts or other		
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Date:2021/8/28 Your Name: Lulu Huang Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: past	,
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u>	
3	Royalties or licenses	<u>X</u>	

4	Consulting fees	X	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x	
0	testimony	<u>^</u>	
	testimony		
7	Support for attending	X	
	meetings and/or travel		
	_		
8	Patents planned, issued or	X	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or Advisory Board	Department of Zhujiang	
		Hospital of Southern	
10	Loodowskip og fidusion, gale	Medical University.	
10	Leadership or fiduciary role in other board, society,	<u>×</u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X	
12	Receipt of equipment,	<u>x</u>	
	materials, drugs, medical		
12		V	
13		<u>^</u>	
13	writing, gifts or other services Other financial or non- financial interests	<u>×</u>	

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

Date:2021/8/28 Your Name: Yajie Zhang Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: past	36 months
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3	Royalties or licenses	<u>×</u>	

4	Consulting fees	<u>X</u>	
5	1	<u>X</u>	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X	
Ū	testimony	<u> </u>	
	,		
7	Support for attending	X	
	meetings and/or travel		
8	Patents planned, issued or	<u>X</u>	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or Advisory Board	Department of Zhujiang Hospital of Southern	
		Medical University.	
10	Leadership or fiduciary role	X X	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u>	
12	Possint of aquinment	V	
12	Receipt of equipment, materials, drugs, medical	<u>×</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u>	
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Yajie Zhang: I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2021/8/28 Your Name: Juan Zi Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u>	
3	Royalties or licenses	<u>X</u>	

4	Consulting fees	<u>×</u>	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
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0	testimony	<u>^</u>	
	testimony		
7	Support for attending	X	
	meetings and/or travel		
	_		
8	Patents planned, issued or	<u>X</u>	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
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11	Stock or stock options	X	
12	Receipt of equipment,	<u>X</u>	
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13	services Other financial or non-	X	
12	financial interests	<u> </u>	
	interior coto		

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

Date:2021/8/28 Your Name: Jingxin Zhang Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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3	Royalties or licenses	<u>×</u>	

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5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
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	manuscript writing or educational events		
6	Payment for expert	x	
0	testimony	<u>^</u>	
	testimony		
7	Support for attending	X	
	meetings and/or travel		
	_		
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	group, paid or unpaid		
11	Stock or stock options	X	
12	Receipt of equipment,	<u>x</u>	
	materials, drugs, medical		
12		V	
13		<u>^</u>	
13	writing, gifts or other services Other financial or non- financial interests	<u>×</u>	

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

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

Date:2021/8/28 Your Name: Xu Liao Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	Medical Records	
1	All support for the present manuscript (e.g., funding,	Department of Zhujiang	Clinical data of patients
	provision of study materials,	Hospital of Southern	
	medical writing, article	Medical University.	
	processing charges, etc.)	Ibrahim Qaddoumi	Invitation and instruction on this paper
	No time limit for this item.		
	No time mint for this item.	Anthony Liu	Help and guidance on this paper
		Chenchen Sun	Help and guidance on this paper
		Patients and families	Cooperation and agreement for participation in this
			study
		Time frame: past	36 months
2	Grants or contracts from	X	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>x</u>	
		_	

4	Consulting fees	X	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x	
0	testimony	<u>^</u>	
	testimony		
7	Support for attending	X	
	meetings and/or travel		
	_		
8	Patents planned, issued or	X	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or	Department of Zhujiang	
	Advisory Board	Hospital of Southern	
10	Loodowskip og fidusion, gale	Medical University.	
10	Leadership or fiduciary role in other board, society,	<u>×</u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X	
12	Receipt of equipment,	<u>x</u>	
	materials, drugs, medical		
12		V	
13		<u>^</u>	
13	writing, gifts or other services Other financial or non- financial interests	<u>×</u>	

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

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

Date:2021/8/28 Your Name: Jianwei Guan Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Medical Records Department of Zhujiang Hospital of Southern Medical University. Ibrahim Qaddoumi Anthony Liu Chenchen Sun Patients and families	Clinical data of patients Invitation and instruction on this paper Help and guidance on this paper Help and guidance on this paper Cooperation and agreement for participation in this study
		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>x</u>	
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	X	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u>	
	testimony		
7	Current for attanding	X	
7	Support for attending meetings and/or travel	X	
	<u> </u>		
8	Patents planned, issued or	X	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or	Department of Zhujiang	
	Advisory Board	Hospital of Southern	
10		Medical University.	
10	Leadership or fiduciary role in other board, society,	<u>X</u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X	
12	Receipt of equipment,	<u>X</u>	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u>	
	financial interests		

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

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

Date:2021/8/28 Your Name: Xinde Zhao Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: Since the initial	
1	All support for the present manuscript (e.g., funding, provision of study materials,	Zhujiang Hospital of Southern Medical University.	Clinical data of patients
	medical writing, article	Ibrahim Qaddoumi	Invitation and instruction on this paper
	processing charges, etc.)	Anthony Liu	Help and guidance on this paper
	No time limit for this item.	Chenchen Sun	Help and guidance on this paper
		Patients and families	Cooperation and agreement for participation in this study
		Time frame: past	36 months
2	Grants or contracts from	<u>x</u>	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	x	
	5		
5	Payment or honoraria for	X	
	, lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X	
	testimony		
7	Support for attending	X	
	meetings and/or travel		
8	Patents planned, issued or	X	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
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5	Safety Monitoring Board or	Department of Zhujiang	
5		Department of Zhujiang Hospital of Southern	
	Safety Monitoring Board or	Department of Zhujiang	
5	Safety Monitoring Board or	Department of Zhujiang Hospital of Southern	
5	Safety Monitoring Board or Advisory Board	Department of Zhujiang Hospital of Southern Medical University.	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role	Department of Zhujiang Hospital of Southern	
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society,	Department of Zhujiang Hospital of Southern Medical University.	
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy	Department of Zhujiang Hospital of Southern Medical University.	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Department of Zhujiang Hospital of Southern Medical University. X	
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy	Department of Zhujiang Hospital of Southern Medical University.	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Department of Zhujiang Hospital of Southern Medical University. X	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	Department of Zhujiang Hospital of Southern Medical University. X X X	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	Department of Zhujiang Hospital of Southern Medical University. X	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	Department of Zhujiang Hospital of Southern Medical University. X X X	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	Department of Zhujiang Hospital of Southern Medical University. X X X	
10 11 12	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	Department of Zhujiang Hospital of Southern Medical University. X X X X X	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	Department of Zhujiang Hospital of Southern Medical University. X X X	
10 11 12	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	Department of Zhujiang Hospital of Southern Medical University. X X X X X	

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Please place an "X" next to the following statement to indicate your agreement: Xinde Zhao: I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2021/8/28 Your Name: Ming Zhou Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u>	
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	X	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	<u>×</u>	
	testimony		
7	Support for attending	X	
<i>'</i>	meetings and/or travel	<u>^</u>	
8	Patents planned, issued or	X	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or	Department of Zhujiang	
	Advisory Board	Hospital of Southern	
10	Landauchin an fislusian unde	Medical University.	
10	Leadership or fiduciary role in other board, society,	<u>X</u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X	
		_	
12	Receipt of equipment,	<u>X</u>	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u>	
	financial interests		

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#### Please place an "X" next to the following statement to indicate your agreement: Ming Zhou: I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2021/8/28 Your Name: Yong Yang Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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1	All support for the present manuscript (e.g., funding, provision of study materials,	Medical Records Department of Zhujiang Hospital of Southern	Clinical data of patients
	medical writing, article	Medical University.	
	processing charges, etc.)	Ibrahim Qaddoumi	Invitation and instruction on this paper
	No time limit for this item.	Anthony Liu	Help and guidance on this paper
		Chenchen Sun	Help and guidance on this paper
		Patients and families	Cooperation and agreement for participation in this
			study
		Time frame: past	36 months
2	Grants or contracts from	<u>×</u>	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	<u>X</u>	
5	Payment or honoraria for lectures, presentations,	<u>X</u>	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X	
Ū	testimony	<u> </u>	
	,		
7	Support for attending	X	
	meetings and/or travel		
8	Patents planned, issued or	<u>X</u>	
	pending		
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or Advisory Board	Department of Zhujiang Hospital of Southern	
		Medical University.	
10	Leadership or fiduciary role	X	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u>	
12	Receipt of equipment,	X	
12	materials, drugs, medical	<u> </u>	
	writing, gifts or other		
	services		
13		<u>X</u>	

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		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u>	
3	Royalties or licenses	<u>X</u>	

4	Consulting fees	<u>X</u>	
5	Payment or honoraria for lectures, presentations,	<u>X</u>	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X	
Ū	testimony	<u> </u>	
	,		
7	Support for attending	X	
	meetings and/or travel		
8	Patents planned, issued or pending	<u>X</u>	
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or Advisory Board	Department of Zhujiang Hospital of Southern	
		Medical University.	
10	Leadership or fiduciary role	X	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u>	
12	Possint of aquinment	X	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>x</u>	
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Date:2021/8/28 Your Name: Wangming Zhang Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: past	, r
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u>	
3	Royalties or licenses	<u>X</u>	

4	Consulting fees	<u>X</u>	
5	Payment or honoraria for lectures, presentations,	<u>X</u>	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X	
Ū	testimony	<u> </u>	
	,		
7	Support for attending	X	
	meetings and/or travel		
8	Patents planned, issued or pending	<u>X</u>	
9	Participation on a Data	Medical Records	Clinical data of patients
	Safety Monitoring Board or Advisory Board	Department of Zhujiang Hospital of Southern	
		Medical University.	
10	Leadership or fiduciary role	X	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u>	
12	Possint of aquinment	X	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>x</u>	
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Date:2021/8/28 Your Name: Lihua Yang Manuscript Title: <u>Diagnosis and Outcomes of Pediatric Central Nervous System Tumors in China:</u> <u>A Single-center Retrospective Analysis From 2015 to 2020</u> Manuscript number (if known): <u>PM-2020-PCNST-06(PM-21-67)</u>

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		Time frame: past	,
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u>	
3	Royalties or licenses	<u>×</u>	

4	Consulting fees	<u>x</u>	
5	Payment or honoraria for	<u>X</u>	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X	
0	testimony	<u>^</u>	
	testimony		
7	Support for attending	X	
	meetings and/or travel		
8	Patents planned, issued or	<u>X</u>	
	pending		
0			
9	Participation on a Data Safety Monitoring Board or	Medical Records Department of Zhujiang	Clinical data of patients
	Advisory Board	Hospital of Southern	
		Medical University.	
10	Leadership or fiduciary role	X	
	in other board, society,	_	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u>	
12	Possint of aquinment		
12	Receipt of equipment, materials, drugs, medical	<u>×</u>	
	writing, gifts or other		
	services		
13	Other financial or non-	X	
	financial interests		

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#### Please place an "X" next to the following statement to indicate your agreement: Lihua Yang: I certify that I have answered every question and have not altered the wording of any of the questions on this form.