

# ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2021

Your Name: Huirong Mai

Manuscript Title: A Retrospective Study of Pediatric Brain Tumors from a Tertiary Care in South China

Manuscript number: PM-2020-PCNST-08(PM-21-92)

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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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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
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>	Sanming Project of Medicine in Shenzhen	The project supported the collaboration between Shenzhen Children's Hospital and The Hospital for Sick Children in hematology and oncology.
		Guangdong Medical Science and Technology Research Project	The project supported the medical writing.
<b>Time frame: past 36 months</b>			
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"/> <u>X</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> None	

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

Huirong Mai reported the research was supported by Sanming Project of Medicine in Shenzhen (SZSM201512033) and Guangdong Medical Science and Technology Research Project (A2020101).

**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: Oct. 29<sup>th</sup>, 2021

Your Name: Jingsheng Wang

Manuscript Title: A Retrospective Study of Pediatric Brain Tumors from a Tertiary Care in South China

Manuscript number: PM-2020-PCNST-08(PM-21-92)

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Manuscript Title: A Retrospective Study of Pediatric Brain Tumors from a Tertiary Care in South China

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Your Name: Huiying Ye

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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"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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	

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Jingsheng Wang reported the research was supported by Sanming Project of Medicine in Shenzhen (SZSM201512033).

**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: Oct. 29<sup>th</sup>, 2021

Your Name: Qian Chen

Manuscript Title: A Retrospective Study of Pediatric Brain Tumors from a Tertiary Care in South China

Manuscript number: PM-2020-PCNST-08(PM-21-92)

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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<b>Time frame: past 36 months</b>			
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"/> <u>X</u> <input type="checkbox"/> None	
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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	

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Qian Chen reported the research was supported by Sanming Project of Medicine in Shenzhen (SZSM201512033).

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# ICMJE DISCLOSURE FORM

Date: Oct. 29<sup>th</sup>, 2021

Your Name: Eric Bouffet

Manuscript Title: A Retrospective Study of Pediatric Brain Tumors from a Tertiary Care in South China

Manuscript number: PM-2020-PCNST-08(PM-21-92)

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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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> None	

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Eric Bouffet reported the research was supported by Sanming Project of Medicine in Shenzhen (SZSM201512033).

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