You Ma	<del></del> -	- u tic review of thymic muco	sa-associated lymphoid tissue lymphoma
rela par to t	ited to the content of your ties whose interests may b ransparency and does not	manuscript. "Related" me be affected by the content	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to t	he epidemiology of hypert		e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure		ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments

		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)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
_			
	None.		

Date:Mar. 9 <sup>th</sup> , 2022
Your Name:Ye-Ye Chen
Manuscript Title:A systematic review of thymic mucosa-associated lymphoid tissue lymphoma
Manuscript number (if known):JTD-22-81
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below
related to the content of your manuscript. "Related" means any relation with for-profit or not-for-prof

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone  Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	XNone XNone	
э	noyalties of licenses		
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V Name	
6	Payment for expert testimony	XNone	
	testilliony		
7	Support for attending	X None	
,	meetings and/or travel		
	g, o		
8	Patents planned, issued or	X None	
-	pending	\	
	-		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
Γ	None.		

Date:Mar. 9 <sup>th</sup> , 2022 Your Name:Jia-Qi Zhang Manuscript Title:A systematic review of thymic mucosa-associated lymphoid tissue lymphoma Manuscript number (if known):JTD-22-81
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.

		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)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	,
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings unity or traver		
	Detects alonged issued as	V. Nana	
8	Patents planned, issued or pending	XNone	
	Pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options	XNone	
12	Descipt of agricument	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
12	Other financial or non-	V None	
13		XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:
	None.		

Date:\_\_\_\_Mar. 9<sup>th</sup>, 2022\_\_\_\_

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

any entity (if not indicated

	ur Name:Wen-Liang Bai_			
	<del></del> -	<del>-</del>	a-associated lymphoid tissue lymphoma	
IVI	anuscript number (it known)	:JID-22-81		
rel pa to rel Th	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the <u>current</u>	
ma	inuscript only.			
to	-	ension, you should declare	defined broadly. For example, if your manuscript pertar all relationships with manufacturers of antihypertensithe manuscript.	
			ed in this manuscript without time limit. For all other it	ems,
tne	e time frame for disclosure i	s the past 36 months.		
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	,	
		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			

Time frame: past 36 months

\_X\_\_None

\_X\_\_None

\_X\_\_None

		1	,
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings unity or traver		
	Detects alonged issued as	V. Nana	
8	Patents planned, issued or pending	XNone	
	Pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options	XNone	
12	Descipt of agricument	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
12	Other financial or non-	V None	
13		XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:
	None.		

Date:Mar. 9 <sup>th</sup> , 2022 Your Name:Cheng Huang Manuscript Title:A systematic review of thymic mucosa-associated lymphoid tissue lymphoma Manuscript number (if known):JTD-22-81
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 <u>current</u> <u>manuscript only</u> .

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	1	1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	^_None	
	incettings and/or traver		
		V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ni.	aaca cummanisa tha ahaara	anflict of intovert in the fel	lowing how
PI	ease summarize the above c	ominica of interest in the fol	iowing box:
	None.		
	None.		

Date:Mar. 9 <sup>th</sup> , 2022 Your Name:Chao Guo				
Manuscript Title:A systematic review of thymic mucosa-associated lymphoid tissue lymphoma				
Manuscript number (if known):JTD-22-81				
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 <u>current</u> <u>manuscript only</u> .				
The author's relationships/activities/interests should be <u>defined broadly</u> . 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.				

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

	1	1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	^_None	
	incettings and/or traver		
		V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ni.	aaca cuummarisa tha ahaara	anflict of intovert in the fel	lowing how
PI	ease summarize the above c	ominica of interest in the fol	iowing box:
	None.		
	None.		

Date:Mar. 9 , 2022	-			
Your Name:Hong-Sheng Li	u			
Manuscript Title:A systema	tic review of thymic mucos	a-associated lymphoid tissue lymphoma		
Manuscript number (if known	):JTD-22-81			
<u>-</u>	· ·	relationships/activities/interests listed below that ar	е	
<del>-</del>	-	ans any relation with for-profit or not-for-profit third	_	
-	<del>-</del>	f the manuscript. Disclosure represents a commitmer	it	
	•	If you are in doubt about whether to list a		
relationship/activity/interest,	it is preferable that you do	50.		
The following questions apply manuscript only.	The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .			
	ension, you should declare	defined broadly. For example, if your manuscript pertal relationships with manufacturers of antihypertensible manuscript.		
In itom #1 holow, roport all su	nnort for the work reports	d in this manuscript without time limit. For all other i	toms	
the time frame for disclosure		u in this manuscript without time limit. For all other	tems,	
the time frame for disclosure	is the past 30 months.			
	Name all entities with	Specifications/Comments		
	whom you have this	(e.g., if payments were made to you or to your		
	relationship or indicate	institution)		
	none (add rows as			
	needed)			
	Time frame: Since the initial	planning of the work	i	

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
2	in item #1 above).	V Name	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	1	1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	^_None	
	incettings and/or traver		
		V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ni.	aaca cuummarisa tha ahaara	anflict of intovert in the fel	lowing how
PI	ease summarize the above c	ominica of interest in the fol	iowing box:
	None.		
	None.		

Your Man	<del></del> -	ic review of thymic mucos	a-associated lymphoid tissue lymphoma	
relat parti to tra	ed to the content of your es whose interests may be ansparency and does not	manuscript. "Related" me e affected by the content o	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.	
	following questions apply uscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to th med	e epidemiology of hypert ication, even if that medic	ension, you should declare ation is not mentioned in		
	em #1 below, report all su ime frame for disclosure i	• •	d in this manuscript without time limit. For all other item	s,
		Name all entities with	Specifications/Comments	

		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)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	1	1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	^_None	
	incettings and/or traver		
		V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
ni.	aaca cuummarisa tha ahaara	anflict of intovert in the fel	lowing how
PI	ease summarize the above c	ominica of interest in the fol	iowing box:
	None.		
	None.		