

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jinsong	2. Surname (Last Name) Li	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shoukang Li
5. Manuscript Title Prolonged survival time with surgical therapy in different types of thymoma: An analysis based on Surveillance Epidemiology and End Results Database.		
6. Manuscript Identifying Number (if you know it) TCR-20-951		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Li has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Quan

2. Surname (Last Name)

Liu

3. Date

16-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Shoukang Li

5. Manuscript Title

Prolonged survival time with surgical therapy in different types of thymoma: An analysis based on Surveillance Epidemiology and End Results Database.

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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Zhikun	2. Surname (Last Name) Zheng	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shoukang Li
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Shoukang

2. Surname (Last Name)

Li

3. Date

16-August-2020

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Yes  No

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