## **ICMJE DISCLOSURE FORM**

Date: Mar. 27th, 20	21
Your Name: Xu	esong Zhang
• —	value of enhanced computed tomography combined with magnetic resonance imaging in the
<del>_</del>	thymomas and thymic cysts before operation
Manuscript number (if k	nown):TCR-21-96
related to the content of parties whose interests to to transparency and doe	arency, we ask you to disclose all relationships/activities/interests listed below that are your manuscript. "Related" means any relation with for-profit or not-for-profit third may be affected by the content of the manuscript. Disclosure represents a commitment s not necessarily indicate a bias. If you are in doubt about whether to list a erest, it is preferable that you do so.
· ciationsp, activity,	siest, it is presentate that you as so:

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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.	National Natural Science Foundation of China Youth Program(81801603)	
		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	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	<b>X</b> None	
Ŭ	testimony	X_None	
	,		
7	Support for attending meetings and/or travel	<b>X</b> None	
	G ,		
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data Safety Monitoring Board or	<b>X</b> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Plea	Please summarize the above conflict of interest in the following box:		

-	The author reports National Natural Science Foundation of China Youth Program(81801603) Funding for this study.

		ICMJE DISCLO	OSURE FORM	
Date	e: Mar. 27th, 2021			
	r Name: Ruiyu Zh	ang		
			ography combined with magnetic resonance imaging i	n the
	· —	mas and thymic cysts before		
	nuscript number (if known)			
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	following questions apply touscript only.	to the author's relationships	s/activities/interests as they relate to the <u>current</u>	
to tł	ne epidemiology of hyperte		efined broadly. For example, if your manuscript pertaill relationships with manufacturers of antihypertensive manuscript.	
	em #1 below, report all sup time frame for disclosure is	-	in this manuscript without time limit. For all other ite	ms,
		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	
1	All support for the present	National Natural Science		
		Farm dation of China Vandle		

		whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
1	All support for the present	National Natural Science	pranting of the work
	manuscript (e.g., funding, provision of study materials,	Foundation of China Youth Program(81801603)	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ XNone	se months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

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5	Payment or honoraria for lectures, presentations,	<b>X</b> None		
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	<b>X</b> None		
o l	testimony	XNone		
	,			
7	Support for attending meetings and/or travel	<b>X</b> None		
	Ç ,			
8	Patents planned, issued or	<b>X</b> None		
	pending			
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None		
10	•	<b>Y</b>		
10	Leadership or fiduciary role in other board, society, committee or advocacy	<b>X</b> None		
	group, paid or unpaid			
11	Stock or stock options	<b>X</b> None		
12	Receipt of equipment,	<b>X</b> None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	<b>X</b> None		
	financial interests			
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		ICMJE DISCLO	OSURE FORM	
Date:	: Mar. 27th, 2021			
	Name: Yang Cao _			
			ography combined with magnetic resonance imaging	in the
differ	rential diagnosis of thymoma	as and thymic cysts befor	e operation	
Manu	uscript number (if known):	_TCR-21-96		
relate partie to tra	ed to the content of your ma es whose interests may be a	inuscript. "Related" mean ffected by the content of cessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	ollowing questions apply to uscript only.	the author's relationship	s/activities/interests as they relate to the <u>current</u>	
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	m #1 below, report all suppo ime frame for disclosure is th	_	in this manuscript without time limit. For all other ite	ems,
		Name all entities with	Specifications/Comments	
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4	Consulting fees	XNone	

		T		
5	Payment or honoraria for	<b>X</b> None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<b>X</b> None		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
	Detects of sound in the second of			
8	Patents planned, issued or	<b>X</b> None		
	pending			
9	Participation on a Data	<b>X</b> None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	<b>X</b> None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	<b>X</b> None		
12	Receipt of equipment,	<b>X</b> None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	<b>X</b> None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

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### ICM IF DISCLOSURE FORM

		ICIVIJE DISCLO	SURE FURIVI	
You Mar diffe	e: Mar. 27th, 2021 r Name: Xiaomeng nuscript Title: The value o erential diagnosis of thymon nuscript number (if known):	f enhanced computed tomo nas and thymic cysts before	ography combined with magnetic resonance imaging in e operation	the
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It	elationships/activities/interests listed below that are is any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a o.	
	following questions apply to nuscript only.	o the author's relationships	a/activities/interests as they relate to the <u>current</u>	
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertain II relationships with manufacturers of antihypertensive e manuscript.	
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other iten	ns,
		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)		
	All support for the present	Time frame: Since the initial	planning of the work	

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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		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	

		T	
5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	<b>X</b> None	
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	occon or occon options		
12	Receipt of equipment,	<b>X</b> None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	V None	
13	financial interests	<b>X</b> None	
	imanciai interests		
Plea	Please summarize the above conflict of interest in the following box:		

The author reports National Natural Scie	ence Foundation of China Youth Program(81801603) Funding for this study.

# **ICMJE DISCLOSURE FORM**

Date: Mar. 27th, 2021	<del></del>	
Your Name: Yuan Che	en	
Manuscript Title: The value of	of enhanced computed tom	ography combined with magnetic resonance imaging in the
differential diagnosis of thymor	mas and thymic cysts befor	e operation
Manuscript number (if known):	TCR-21-96	
related to the content of your reparties whose interests may be to transparency and does not nelationship/activity/interest, in the following questions apply to manuscript only.  The author's relationships/activity to the epidemiology of hypertemedication, even if that medications.	manuscript. "Related" mean affected by the content of ecessarily indicate a bias. It it is preferable that you do s to the author's relationship wities/interests should be <u>d</u> nsion, you should declare a ation is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
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2 Chanta an ao atra ata fire ar	Time frame: past	36 months
2 Grants or contracts from	<b>X</b> None	
any entity (if not indicated in item #1 above).		
3 Royalties or licenses	<b>X</b> None	

4

Consulting fees

X \_\_None

5	Payment or honoraria for lectures, presentations,	<b>X</b> None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	V Name	
О	testimony	<b>X</b> None	
	testimony		
7	Support for attending	<b>X</b> None	
•	meetings and/or travel	X_None	
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data Safety Monitoring Board or	<b>X</b> None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<b>X</b> None	
11	Stock or stock options	<b>X</b> None	
	Stock of Stock Options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<b>X</b> None	
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ellowing box:

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