ICMJE DISCLOSURE FORM

Date:May. 19 th , 2021
Your Name:Chun Wang
Manuscript Title:Tracheoesophageal fistula caused by chemotherapy in primary thyroid lymphoma: a case
report
Manuscript number (if known):TCR-21-486

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)	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			

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
O	testimony	XNone	
	,		
7	Support for attending meetings and/or travel	XNone	
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-	X None	
13	financial interests	XNOTIC	

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

Dr. Wang has nothing to disclose	

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.

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Date:May. 19 th , 2021
Your Name: Zhirong Li
Manuscript Title:Tracheoesophageal fistula caused by chemotherapy in primary thyroid lymphoma: a case
report
Manuscript number (if known):TCR-21-486

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		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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None			
)	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
6	educational events Payment for expert	X None			
О	testimony	xnone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
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,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	Dr. Li has nothing to disc	lose			

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

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	ate:May. 19 th , 2021			
	our Name:Wuguo Tian			
	anuscript Title:Tracheoes	sophageal fistula caused	by chemotherapy in primary thyroid lymphoma: a	case
•	anuscript number (if known):	_TCR-21-486		
rel pai to	lated to the content of your ma arties whose interests may be a	anuscript. "Related" mea ffected by the content o cessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a so.	
	ne following questions apply to anuscript only.	the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to		sion, you should declare	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens he manuscript.	
	item #1 below, report all support etime frame for disclosure is the		d in this manuscript without time limit. For all other in	tems,
	N	lame all entities with	Specifications/Comments	
	w	vhom you have this elationship or indicate	(e.g., if payments were made to you or to your institution)	

		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)
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2	Grants or contracts from any entity (if not indicated	Time frame: pastXNone	36 months
3	in item #1 above). Royalties or licenses	XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone				
	manuscript writing or educational events					
6	Payment for expert	XNone				
	testimony					
7	Cuppert for attending	V None				
/	Support for attending meetings and/or travel	XNone				
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	X None				
	Stock of Stock options	X_NONE				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X None				
	financial interests					
	Please summarize the above conflict of interest in the following box: Dr. Tian has nothing to disclose					

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.