Date:			6/5/2022			
Your Name:			Yao-Hui Wang	Yao-Hui Wang		
Manuscript Title:			Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review			
Ma	nuscript Number (if kı	nown):	TCR-22-671			
content of your manuscript. "Relat affected by the content of the man indicate a bias. If you are in doubt				/interest, it is preferable that you do so.		
epi		sion, yo	u should declare all relationships with manufa	acturers of antihypertensive medication, even if		
				ithout time limit. For all other items, the time		
			Il entities with whom you have this ship 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	⊠ N	one	Click the tab key to add additional rows.		
	charges, etc.) No time limit for this item.					
	No time limit for		Time frame: past 36 month	s		

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3

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: 6/5/2022 Your Name: Ling Peng			
		Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review
Manuscript Number (if known): TCR-22-671			
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 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.			

		e all entities with whom you have this ionship 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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICIVIJE DISCLOSURE FURIVI				
Date:	6/5/2022			
Your Name:	Jie-Han Jiang			
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review			
Manuscript Number (if known):	TCR-22-671			
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 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.				

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		Time frame: past 36 month	s
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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

ICIVISE DISCESSORE FORWI				
Date:	6/5/2022			
Your Name:	Yun Xiao			
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review			
Manuscript Number (if known):TCR-22-671				
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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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

I certify that I have answered every question and have not altered the word

ICMJE DISCLOSURE FORM				
Date:	e: <u>6/5/2022</u>			
Your Name:	Zhi-Ruo Zhu	Zhi-Ruo Zhu		
Manuscript Title:	2 2	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review		
Manuscript Number (if kn	own): TCR-22-671			
content of your manuscrip affected by the content of indicate a bias. If you are i The author's relationships,	ency, we ask you to disclose all relationships/activities of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity, factivities/interests should be defined broadly. For each of the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commade to you or to the second sec	nments (e.g., if payments were your institution)
4	Consulting fees	None	
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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	6/5/2022			
Your Name:	De Tong			
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review			
Manuscript Number (if known):	TCR-22-671			
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICIVISE DISCEOSORE I ORIVI					
Date: 6/5/2022					
Your Name:	Zhi-Hui Shi				
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review				
Manuscript Number (if known):	TCR-22-671				
content of your manuscript. "Rela affected by the content of the ma	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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commade to you or to the second sec	nments (e.g., if payments were your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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ICIVISE DISCESSIVE I ONIVI				
Date:	6/5/2022			
Your Name:	Wen-Long He			
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review			
Manuscript Number (if known):	TCR-22-671			
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commade to you or to the second sec	nments (e.g., if payments were your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: 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:	6/5/2022		
Your Name:	Qing-Wu Qin		
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review		
Manuscript Number (if known):	TCR-22-671		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doubt." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.	rt for the work reported in this manuscript without time limit. For all other items, the time		

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: past 36 month	ns
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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Learning that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	6/5/2022			
Your Name:	Ding Liang			
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review			
Manuscript Number (if known):	TCR-22-671			
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: 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:	6/5/2022				
Your Name:	Yi Jiang				
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review				
Manuscript Number (if known):	TCR-22-671				
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	6/5/2022				
Your Name:	Hong Luo				
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review				
Manuscript Number (if known):	TCR-22-671				
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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commade to you or to the second sec	nments (e.g., if payments were your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Plea	Please place an "X" next to the following statement to indicate your agreement: 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:	6/5/2022			
Your Name:	Rui Zhou			
Manuscript Title:	Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review			
Manuscript Number (if known):	TCR-22-671			
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
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Plea	Please place an "X" next to the following statement to indicate your agreement:				

Date:			6/5/2022			
Your Name:			Kui Xiao			
Manuscript Title:			Misdiagnosis of primary mucosa-associated lymphoid tissue lymphoma of the pleura: Case report and literature review			
Manuscript Number (if known):		known):	TCR-22-671			
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		relation	ship or indicate none (add rows as needed)	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	⊠ N	lone	Click the tab key to add additional rows.		
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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