

## ICMJE DISCLOSURE FORM

Date: Jan. 21<sup>st</sup>, 2023  
 Your Name: Midori Shimada  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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.

## ICMJE DISCLOSURE FORM

Date: Jan. 20<sup>th</sup>, 2023  
 Your Name: Hirokazu Taniguchi  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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## ICMJE DISCLOSURE FORM

Date: Jan. 24<sup>th</sup>, 2023  
 Your Name: Hiroyuki Yamaguchi  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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## ICMJE DISCLOSURE FORM

Date: Jan. 16<sup>th</sup>, 2023  
 Your Name: Hiroshi Gytoku  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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## ICMJE DISCLOSURE FORM

Date: Jan. 25<sup>th</sup>, 2023  
 Your Name: Daisuke Sasaki  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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## ICMJE DISCLOSURE FORM

Date: Jan. 16<sup>th</sup>, 2023  
 Your Name: Norihito Kaku  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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## ICMJE DISCLOSURE FORM

Date: Jan. 22<sup>nd</sup>, 2023  
 Your Name: Chikako Senju  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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## ICMJE DISCLOSURE FORM

Date: Jan. 15<sup>th</sup>, 2023  
 Your Name: Hiroaki Senju  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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## ICMJE DISCLOSURE FORM

Date: Jan. 20<sup>th</sup>, 2023  
 Your Name: Erika Imamura  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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## ICMJE DISCLOSURE FORM

Date: Jan. 20<sup>th</sup>, 2023  
 Your Name: Shinnosuke Takemoto  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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 Your Name: Kazuko Yamamoto  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

**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.

## ICMJE DISCLOSURE FORM

Date: Jan. 14<sup>th</sup>, 2023  
 Your Name: Noriho Sakamoto  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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<b>Time frame: past 36 months</b>			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

**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.

## ICMJE DISCLOSURE FORM

Date: Jan. 22<sup>nd</sup>, 2023  
 Your Name: Yasushi Obase  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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.

## ICMJE DISCLOSURE FORM

Date: Jan. 19<sup>th</sup>, 2023  
 Your Name: Tomoshi Tsuchiya  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

**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.

## ICMJE DISCLOSURE FORM

Date: Jan. 22<sup>nd</sup>, 2023  
 Your Name: Minoru Fukuda  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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	<u> X </u> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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.

## ICMJE DISCLOSURE FORM

Date: Jan. 18<sup>th</sup>, 2023  
 Your Name: Hiroshi Soda  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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I 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: Jan. 23<sup>rd</sup>, 2023  
 Your Name: Kazuto Ashizawa  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None.

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.

## ICMJE DISCLOSURE FORM

Date: Jan. 25<sup>th</sup>, 2023  
 Your Name: Junya Fukuoka  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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.

## ICMJE DISCLOSURE FORM

Date: Jan. 23<sup>rd</sup>, 2023  
 Your Name: Takeshi Nagayasu  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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None.

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.

## ICMJE DISCLOSURE FORM

Date: Jan. 21<sup>st</sup>, 2023  
 Your Name: Katsunori Yanagihara  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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I 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: Jan. 24<sup>th</sup>, 2023  
 Your Name: Hiroshi Mukae  
 Manuscript Title: Genetic profile of thymic epithelial tumors in the Japanese population: An exploratory study examining potential therapeutic targets.  
 Manuscript number (if known): TLCR-22-794

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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