ICMJE DISCLOSURE FORM

Date: _____ Jul 19, 2021

Your Name: ______ Tao Zhang

Manuscript Title: Competing Risk Nomogram Predicting Cause-Specific Mortality in Patients with Thymoma: A Population-Based Study

Manuscript number (if known): _______________________________________________________

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|   | **Time frame: Since the initial planning of the work**                                         |                                                                                     |
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| 6 | Payment for expert testimony                                                                             | None |
| 7 | Support for attending meetings and/or travel                                                              | None |
| 8 | Patents planned, issued or pending                                                                           | 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 |
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| 13| Other financial or non-financial interests                                                                  | None |

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Dr. Zhang 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: Jul 19, 2021
Your Name: Lipin Liu
Manuscript Title: Competing Risk Nomogram Predicting Cause-Specific Mortality in Patients with Thymoma: A Population-Based Study
Manuscript number (if known): 

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| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None | None |
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| 3    | Royalties or licenses | None | None |
| 4    | Consulting fees | None | None |
|   | Description                                                                 | Disclosure |
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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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | **None**                                                                         |
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| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
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