ICMJE DISCLOSURE FORM

Date: _____ Aug. 13th, 2022____
Your Name: ____ Yuning Sun ____
Manuscript Title: _____ Metastasis of Papillary Thyroid Cancer: Does Body Mass Index (BMI) is the Key Factor? ____
Manuscript number (if known): ____________________________
GS-22-375 ____________________________

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|   | Time frame: Since the initial planning of the work |
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| 3 | Royalties or licenses | ____X__None                                                                       |
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Time frame: past 36 months

Date: ____ Aug. 13th, 2022____
|   | Question                                                                 | X | None |
|---|-------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |    | None |
| 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 |
| 11| Stock or stock options                                                 |    | 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:

__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: ___ Aug. 13 th, 2022 ___  
Your Name: ___ Shaoyan Liu ___  
Manuscript Title: _____ Metastasis of Papillary Thyroid Cancer: Does Body Mass Index (BMI) is the Key Factor? ____  
Manuscript number (if known): ___________________________  
GS-22-375 ___________________________

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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
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| 3 | Royalties or licenses                                                                       | __X__None                                                                 |
| 4 | Consulting fees                                                                           | __X__None                                                                 |

Time frame: past 36 months
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| 6 | Payment for expert testimony                                                   | X None |
| 7 | Support for attending meetings and/or travel                                   | X None |
| 8 | Patents planned, issued or pending                                            | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board              | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                         | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                      | X None |

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