

## ICMJE DISCLOSURE FORM

Date: Aug. 6<sup>th</sup>, 2024

Your Name: Hui Wang

Manuscript Title: Postoperative radiotherapy after extirpative surgery may not improve survival in patients with Masaoka-Koga stage IIB thymoma: A propensity-matched study based on the SEER database

Manuscript number (if known): JTD-24-1061

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: 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>	__X__ None	
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3	Royalties or licenses	__X__ 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.

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Date: Aug. 6<sup>th</sup>, 2024

Your Name: Song Guan

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Date: Aug. 6<sup>th</sup>, 2024

Your Name: Zheng Liu

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Your Name: Yinpeng Li

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Your Name: Jingjing Yan

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