

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Shilong

2. Surname (Last Name)

Wu

3. Date

08-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jianxing He

5. Manuscript Title

Impact of Prior Cancer History on Outcomes in Thymoma: A Propensity Score, Population-Based Study

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Wu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Guilin	2. Surname (Last Name) Peng	3. Date 08-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianxing He
5. Manuscript Title Impact of Prior Cancer History on Outcomes in Thymoma: A Propensity Score, Population-Based Study		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Wenhua

2. Surname (Last Name)

Liang

3. Date

08-December-2020

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Yes

No

Corresponding Author's Name

Jianxing He

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