

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Lee

3. Date

23-December-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Joseph Salama

5. Manuscript Title

Treatment of Thymoma-Associated Myasthenia Gravis with Stereotactic Body Radiotherapy

6. Manuscript Identifying Number (if you know it)

L15-0469

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Caroline	2. Surname (Last Name) Lee	3. Date 23-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joseph Salama
5. Manuscript Title Treatment of Thymoma-Associated Myasthenia Gravis with Stereotactic Body Radiotherapy		
6. Manuscript Identifying Number (if you know it) L15-0469		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Richard	2. Surname (Last Name) Bedlack	3. Date 21-January-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joseph Salama
5. Manuscript Title Treatment of Thymoma-Associated Myasthenia Gravis with Stereotactic Body Radiotherapy		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ALS Association	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motor Neuron Disease Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neuraltus Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cytokinetics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ultragenyx	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Iron Horse Diagnostics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Bedlack reports grants and personal fees from ALS Association, grants from Motor Neuron Disease Association, personal fees from Neuraltus Pharmaceuticals, grants and personal fees from Cytokinetics, personal fees from Ultragenyx, grants from Iron Horse Diagnostics, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Hobson-Webb

3. Date

22-December-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Treatment of Thymoma-Associated Myasthenia Gravis with Stereotactic Body Radiotherapy

6. Manuscript Identifying Number (if you know it)

L15-0469

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Section 1. Identifying Information

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Joseph

2. Surname (Last Name)

Salama

3. Date

22-December-2015

4. Are you the corresponding author?

☒

Yes

☐

No

5. Manuscript Title

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