Date: <u>2021-07-09</u>	
Your Name: <u>Huanmei Liu</u>	
Manuscript Title: <u>Analysis of prognostic factors in 171 patients with myxofibrosarcoma of the trunk</u>	
and extremities: a cohort study	
Manuscript number (if known):	

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		(CIFMS) (2017-I2M-1-005)	36 months

2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony		
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Date: <u>2021-07-09</u>
Your Name: <u>Xinxin Zhang</u>
Manuscript Title: <u>Analysis of prognostic factors in 171 patients with myxofibrosarcoma of the trunk</u>
and extremities: a cohort study
Manuscript number (if known):

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	testimony		
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,	meetings and/or travel		
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	Advisory Board		
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	in other board, society,		
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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Date: <u>2021-07-09</u>	
Your Name: <u>Shuguang Zhang</u>	
Manuscript Title: <u>Analysis of prognostic factors in 171 patients with myxofibrosarcoma of the trunk</u>	
and extremities: a cohort study	
Manuscript number (if known):	_

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		3. CAMS Innovation Fund for Medical Sciences (CIFMS) (2017-I2M-1-005) Time frame: past	26 months

2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
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Date:	
Your Name: <u>Shengji Yu</u>	
Manuscript Title: <u>Analysis of prognostic factors in 171 patients with myxofibrosarcoma of the trunk</u>	
and extremities: a cohort study	
Manuscript number (if known):	

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