

ICMJE DISCLOSURE FORM

Date: 04/08/2022

Your Name: DOMENICO DE SANTIS

Manuscript Title: Radiomics Analysis in Gastrointestinal Imaging: a Narrative Review

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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Date: 04/08/2022

Your Name: ANTONELLA DEL GAUDIO

Manuscript Title: Radiomics Analysis in Gastrointestinal Imaging: a Narrative Review

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Date: 04/08/2022

Your Name: MARTA ZERUNIAN

Manuscript Title: Radiomics Analysis in Gastrointestinal Imaging: a Narrative Review

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Your Name: MICHELA POLICI

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Your Name: MARIARITA TARALLO

Manuscript Title: Radiomics Analysis in Gastrointestinal Imaging: a Narrative Review

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Your Name: BENEDETTA MASCI

Manuscript Title: Radiomics Analysis in Gastrointestinal Imaging: a Narrative Review

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Your Name: ELSA IANNICELLI

Manuscript Title: Radiomics Analysis in Gastrointestinal Imaging: a Narrative Review

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Your Name: ANDREA LAGHI

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Your Name: DAMIANO CARUSO

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