

ICMJE DISCLOSURE FORM

Date: Nov 25th, 2021

Your Name: Wolman Li

Manuscript Title: Mammography breast density: an effective supplemental modality for the precise grading of ultrasound BI-RADS 4 categories

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>__X__ None</u>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__ None</u>
3	Royalties or licenses	<u>__X__ None</u>
4	Consulting fees	<u>__X__ None</u>

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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.

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Junchao Zhang

Manuscript Title: Mammography breast density: an effective supplemental modality for the precise grading of ultrasound BI-RADS 4 categories

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 25th, 2021

Your Name: Lei-Jia

Manuscript Title: Mammography breast density: an effective supplemental modality for the precise grading of ultrasound BI-RADS 4 categories

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021
 Your Name: R. G. Stet
 Manuscript Title: Mammography breast density: an effective supplemental modality for the precise grading of ultrasound BI-RADS 4 categories
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Xiao-fang Fan

Manuscript Title: Mammography breast density: an effective supplemental modality for the precise grading of ultrasound BI-RADS 4 categories

Manuscript number (if known): _____

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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.

.....ICMJE DISCLOSURE FORM

Date: June 11, 2021

Your Name: Ting Xu

Manuscript Title: Mammography breast density: an effective supplemental modality for the precise grad of ultrasound BI-RADS 4 categories

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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13	Other financial or non-financial interests	<u> X </u> None	

Please summarize the above conflict of interest in the following box:

Ting Xu reports that she is from Shenzhen Mindray Biomedical Electronics Co., Ltd.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 25th, 2021
 Your Name: Qin Wen Sun
 Manuscript Title: Mammography breast density: an effective supplemental modality for the precise grading of ultrasound BI-RADS 4 categories
 Manuscript number (if known): _____

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