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

5	Payment or honoraria for lectures, presentations,	VNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	VNone	
7	Support for attending meetings and/or travel	_VNone	
8	Patents planned, issued or pending	VNone	
9	Participation on a Data	√ None	
9	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	_VNone	
12	Receipt of equipment,	√None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_VNone	
	financial interests		

I have no conflict of interests to declare.

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

Date:	2021.11.10
Your Name:	Xiaofang You
Manuscript Tit	le: A radiomics model combined with XGBoost may improve the accuracy of distinguishing between
mediastinal cy	sts and tumors: a multicenter validation analysis
Manuscript nu	mber (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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Time frame: Since the initial	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	VNone	
3	Royalties or licenses	VNone	
4	Consulting fees	VNone	

5	Payment or honoraria for lectures, presentations,	VNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	VNone	
7	Support for attending meetings and/or travel	_VNone	
8	Patents planned, issued or pending	VNone	
9	Participation on a Data	√ None	
9	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	_VNone	
12	Receipt of equipment,	√None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_VNone	
	financial interests		

I have no conflict of interests to declare.

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

Date:	2021.11.10	
Your Name:_	Li Zhang	
Manuscript T	Title: A radiomics model combined with XGBoost	may improve the accuracy of distinguishing between
mediastinal c	cysts and tumors: a multicenter validation analysis	
Manuscript n	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)
		Time frame: Since the initial	planning of the work
1	All support for the present	VNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_VNone	
4	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations,	VNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	VNone	
7	Support for attending meetings and/or travel	_VNone	
8	Patents planned, issued or pending	VNone	
9	Participation on a Data	√ None	
9	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	_VNone	
12	Receipt of equipment,	√None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_VNone	
	financial interests		

I have no conflict of interests to declare.

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

Date:	2021.11.10	
Your Name:	Dayu Huang	
Manuscript Tit	tle: A radiom	cs model combined with XGBoost may improve the accuracy of distinguishing between
mediastinal cy	sts and tumors: a	multicenter validation analysis
Manuscript nu	umber (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: Since the initial	planning of the work
1	All support for the present	VNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_VNone	
4	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations,	VNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	VNone	
7	Support for attending meetings and/or travel	_VNone	
8	Patents planned, issued or pending	_√None	
9	Participation on a Data	√ None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_vNone	
	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		

I have no conflict of interests to declare.

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

Date:	_2021.11.10
Your Name:	Beatrice Aramini
Manuscript Title:	A radiomics model combined with XGBoost may improve the accuracy of distinguishing between
mediastinal cysts	and tumors: a multicenter validation analysis
Manuscript num	per (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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		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	√None	
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	√None	
	in item #1 above).		
3	Royalties or licenses	_vNone	
4	Consulting fees	VNone	

5	Payment or honoraria for lectures, presentations,	VNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	VNone	
7	Support for attending meetings and/or travel	_VNone	
8	Patents planned, issued or pending	_√None	
9		_vNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	v None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_VNone	
12	Descint of aquinment	√ None	
12	Receipt of equipment, materials, drugs, medical	VNone	
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		

I have no conflict of interests to declare.

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

Date:	2021.11.10
Your Name: I	Leonid Shabaturov
Manuscript Title:_	A radiomics model combined with XGBoost may improve the accuracy of distinguishing between
mediastinal cysts a	and tumors: a multicenter validation analysis
Manuscript numb	er (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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	in item #1 above).		
3	Royalties or licenses	_√None	
4	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations,	VNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	VNone	
7	Support for attending meetings and/or travel	_VNone	
8	Patents planned, issued or pending	_√None	
9		_vNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	v None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_VNone	
12	Descint of aquinment	√ None	
12	Receipt of equipment, materials, drugs, medical	VNone	
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		

I have no conflict of interests to declare.

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

Date:	_2021.11.10
Your Name:	Gening Jiang
Manuscript Title:	A radiomics model combined with XGBoost may improve the accuracy of distinguishing between
mediastinal cysts	and tumors: a multicenter validation analysis
Manuscript numb	er (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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	in item #1 above).		
3	Royalties or licenses	_√None	
4	Consulting fees	√None	

5	5 Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	None	
6	Payment for expert testimony	_VNone	
	testimony		
7	Support for attending	√ None	
<i>'</i>	meetings and/or travel		
8	Patents planned, issued or	√ None	
0	pending		
	penang		
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_vNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_vNone	
12	Possint of aquinment	√ None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		

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

Date:	2021.11.10	
Your Name:	Fan Jiang	
Manuscript Ti	tle: A radio	mics model combined with XGBoost may improve the accuracy of distinguishing between
mediastinal cy	sts and tumors:	a multicenter validation analysis
Manuscript nu	umber (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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2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	_VNone	
4	Consulting fees	VNone	

5	Payment or honoraria for lectures, presentations,	VNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	VNone	
7	Support for attending meetings and/or travel	_VNone	
8	Patents planned, issued or pending	_√None	
9		_vNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	v None	
	in other board, society,		
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11	Stock or stock options	_VNone	
12	Descint of aquinment	√ None	
12	Receipt of equipment, materials, drugs, medical	VNone	
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		

I have no conflict of interests to declare.

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