

ICMJE DISCLOSURE FORM

Date: 2021/12/4

Your Name: Yinghui Tong

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

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.

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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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
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>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	___ None	

	educational events		
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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

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

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ICMJE DISCLOSURE FORM

Date: 2021/12/4

Your Name: Dihong Yang

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 2021/12/4

Your Name: Xiu Fang Mi

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 2021/12/4 Yw Song  
 Your Name: \_\_\_\_\_  
 Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor  
 Manuscript number (if known): \_\_\_\_\_

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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>	<input type="checkbox"/> None <input checked="" type="checkbox"/> Natural Science Foundation of Zhejiang Province [Grant number: LQ17H300001]	payments were made to my institution
<b>Time frame: past 36 months</b>			
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ICMJE DISCLOSURE FORM

Date: 2021/12/4

Your Name: Wenxiu Xin

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 2021/12/4

Your Name: Like Zhong

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

Manuscript number (if known): \_\_\_\_\_

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		Natural Science Foundation of China [Grant number: 81803585]	payments were made to my institution
		the Natural Science Foundation of Zhejiang Province [Grant number: LYY18H310006]	payments were made to my institution
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations,	___ None	

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ICMJE DISCLOSURE FORM

Date: 2021/12/4

Your Name: Zheng Shi

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 2021/12/4

Your Name: Guoqi Xu

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 2021/12/4

Your Name: Haiying Ding

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

Manuscript number (if known): \_\_\_\_\_

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Your Name: Fang Luo

Manuscript Title: Modified Microvessel Density Based on Perfusion Distance: a Preferable NSCLC Prognostic Factor

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		Natural Science Foundation of China [Grant numbers: 81773819 and 81973396]	
		Natural Science Foundation of Zhejiang Province [ Grant number: Y16H160129]	payments were made to my institution
		Science and Technology in Zhejiang Province Chinese Medicine Program [ Grant number: 2015ZA036]	payments were made to my institution
		Medical Science Research Foundation of Zhejiang Province [Grant number: 2013KYA027];	payments were made to my institution
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