Date: <u>September 28, 2021</u> Your Name: <u>Xiaolin Chen</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Hui Duan</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Ping Liu</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Lihong Lin</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Yan Ni</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Donglin Li</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Encheng Dai</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Xuemei Zhan</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Pengfei Li</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Zhifeng Huo</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Xiaonong Bin</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Jinghe Lang</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
	C /		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>September 28, 2021</u> Your Name: <u>Chunlin Chen</u> Manuscript Title: <u>Development and Validation of a Prognostic Nomogram for 2018 FIGO Stage IB1,IB2, and IIA1 Cervical</u> <u>Cancer: A Large Multicenter Study</u> Manuscript number (if known):\_\_\_\_\_

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
З	Royalties or licenses	XNone				
4	Consulting fees	X_None				

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

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