ICMJE DISCLOSURE FORM

Date: Nov-28-2021

Your Name: Chenggong Yan

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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 manuscript only</u>.

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colspan="4"	**Time frame: past 36 months**		
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3	Royalties or licenses	__X__None	
4	Consulting fees	_X___None	

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	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___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:

_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: Nov-28-2021

Your Name: Peng Hao

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

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None.

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_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: Nov-29-2021

Your Name: Guangyao Wu

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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4	Consulting fees	_X_ None	

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8	Patents planned, issued or pending	__X__None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___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:

_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: **Nov-29-2021**

Your Name: **Jie Lin**

Manuscript Title: **Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients**

Manuscript number (if known): **ATM-21-4980-R1**

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#	Item	Response	
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	__X__None	
8	Patents planned, issued or pending	__X__None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___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:

_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: Nov-29-2021

Your Name: Jun Xu

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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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7	Support for attending meetings and/or travel	__X__None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___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:

_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: Nov-29-2021
Your Name: Tianjing Zhang
Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients
Manuscript number (if known):   ATM-21-4980-R1

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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colspan="4"	**Time frame: past 36 months**
2	Grants or contracts from any entity (if not indicated in item #1 above).	_Y___	have associations with Philips Healthcare, and provided technical support for data analysis
3	Royalties or licenses	__X__None	
4	Consulting fees	_X___None	

#			
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	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

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

I have associations with Philips Healthcare, and provided technical support for data analysis

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: Nov-30-2021

Your Name: Xiangying Li

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

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

None.

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_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: Nov-30-2021

Your Name: Haixia Li

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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13	Other financial or non-financial interests	_X___None	

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

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_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: Nov-28-2021

Your Name: Sibin Wang

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

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None.

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_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: Nov-29-2021

Your Name: Yikai Xu

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

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None.

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_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: Nov-30-2021

Your Name: Henry C. Woodruff

Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients

Manuscript number (if known): ATM-21-4980-R1

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_Y__	owns (minority) shares in Oncoradiomics

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

I own (minority) shares in Oncoradiomics

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: Nov-30-2021
Your Name: Philippe Lambin
Manuscript Title: Machine learning-based combined nomogram for predicting the risk of pulmonary invasive fungal infection in severely immunocompromised patients
Manuscript number (if known):   ATM-21-4980-R1

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.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	_X_ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Y	reports, within and outside the submitted work, grants/sponsored research agreements from Varian Medical, Oncoradiomics, ptTheragnostic, Health Innovation Ventures, and DualTpharma.
3	Royalties or licenses	__X_ None	

4	Consulting fees	_X___None	
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	__Y	received an advisor/presenter fee and/or reimbursement of travel costs/external grant writing fee and/or in-kind manpower contribution from Oncoradiomics, BHV, Merck, and Convert Pharmaceuticals.
8	Patents planned, issued or pending	_Y	is a co-inventor of two issued patents with royalties on radiomics (PCT/NL2014/050248, PCT/NL2014/050728) licensed to Oncoradiomics and one issued patent on mtDNA (PCT/EP2014/059089) licensed to ptTheragnostic/DNAmito, three non-patentable inventions (software) licensed to ptTheragnostic/ DNAmito, Oncoradiomics, and Health Innovation Ventures.
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_Y__	owns shares in Oncoradiomics SA and Convert Pharmaceuticals SA

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

I report, within and outside the submitted work, grants/sponsored research agreements from Varian Medical, Oncoradiomics, ptTheragnostic, Health Innovation Ventures, and DualTpharma. He received an advisor/presenter fee and/or reimbursement of travel costs/external grant writing fee and/or in-kind manpower contribution from Oncoradiomics, BHV, Merck, and Convert Pharmaceuticals. PL owns shares in Oncoradiomics SA and Convert

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