Date: <u>2021/12/12</u>	
Your Name: Peipei Shi	
Manuscript Title: <u>Management and prognosis comparison between incidental a</u>	nd nonincidental Intravenous
Leiomyomatosis: a retrospective single-center real-life experience	
Manuscript number (if known): ATM-21-5376	

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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1	All support for the present	X None	planning of the work
1	All support for the present manuscript (e.g., funding,	x_none	
	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	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNOTIC	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
13	financial interests		
	manda meereses		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None		

Date:	2021/12/12
Your N	ame: Hongyang Xiao
Manus	cript Title: _Management and prognosis comparison between incidental and nonincidental Intravenous
<u>Leiom</u>	yomatosis: a retrospective single-center real-life experience
Manus	cript number (if known): <u>ATM-21-5376</u>

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
6	testimony	XNone	
	testimony		
7	Support for attending	X None	
<b>'</b>	meetings and/or travel		
	g: 1, 1, 1		
8	Patents planned, issued or	X None	
	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	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plea	ise summarize the above co	ntlict of interest in the foll	owing box:
N	one		

Date: <u>2021/12/12</u>		
Your Name: Hua Li		
Manuscript Title: <u>Management a</u>	nd prognosis comparison betw	veen incidental and nonincidental Intravenous
Leiomyomatosis: a retrospective	single-center real-life experien	nce
Manuscript number (if known):	ATM-21-5376	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
6	testimony	XNone	
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7	Support for attending	X None	
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	g: 1, 1, 1		
8	Patents planned, issued or	X None	
	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	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plea	ise summarize the above co	ntlict of interest in the foll	owing box:
N	one		

Date: <u>2021/12/12</u>				
Your Name: Wenbin Tang				
Manuscript Title: <u>Management ar</u>	nd prognosis comparison	between incidenta	al and nonincidental Inti	avenous
Leiomyomatosis: a retrospective s	single-center real-life exp	perience		
Manuscript number (if known):	ATM-21-5376			

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

5	Payment or honoraria for	X None	
Э	lectures, presentations,	xnone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	V Nana	
13	financial interests	X_None	
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Plea	se summarize the above co	nflict of interest in the fol	owing box:
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Date: <u>2021/12/12</u>					
Your Name: Aimin Ren					
Manuscript Title: _Management and prognosis comparison between incidental and nonincidental Intravenous					
Leiomyomatosis: a retrospective single-center real-life experience					
Manuscript number (if known): ATM-21-5376					

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	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
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11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
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13	financial interests	X_None			
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Plea	Please summarize the above conflict of interest in the following box:				
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Date: <u>2021/12/12</u>					
Your Name: Li Ma					
Manuscript Title: Management and prognosis comparison between incidental and nonincidental Intravenous					
Leiomyomatosis: a retrospective single-center real-life experience					
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. None	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
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	meetings and/or traver		
		V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
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	writing, gifts or other		
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13	Other financial or non-	X_None	
	financial interests		
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Date: <u>2021/12/12</u>					
Your Name: Ruigin Tu					
Manuscript Title: Management and prognosis comparison between incidental and nonincidental Intravenous					
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4	Consulting fees	XNone	

5	Payment or honoraria for	X None			
Э	lectures, presentations,	xnone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
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11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
12	services Other financial or non-	V Nana			
13	financial interests	X_None			
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Plea	Please summarize the above conflict of interest in the following box:				
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Date: <u>2021/12/12</u>			<u>-</u>	
Your Name: Sheng Yin			<u>-</u>	
Manuscript Title: <u>Management ar</u>	nd prognosis comparisor	n between incidenta	al and nonincident	al Intravenous
Leiomyomatosis: a retrospective s	single-center real-life ex	perience		
Manuscript number (if known):	ATM-21-5376			

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. None	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel		
	meetings and/or traver		
		V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
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13	Other financial or non-	X_None	
	financial interests		
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rica	ise summanize the above to	innet of interest in the foil	owing box.
N	one		
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Date: <u>2021/12/12</u>						
Your Name: Jiarong Zhang						
Manuscript Title: _Management and prognosis comparison between incidental and nonincidental Intravenous						
Leiomyomatosis: a retrospective single-center real-life experience						
Manuscript number (if known): <u>ATM-21-5376</u>						

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4	Consulting fees	XNone			

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events	V N				
6	Payment for expert	XNone				
	testimony					
7	Support for attending meetings and/or travel	XNone				
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	XNone				
12	Descint of agricument	V. None				
12	Receipt of equipment,	XNone				
	materials, drugs, medical writing, gifts or other					
	services					
13	Other financial or non-	X_None				
	financial interests					
Please summarize the above conflict of interest in the following box:						
N.	None					
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