Date:2022-07-01
Your Name: Zhiqiang Yan
Manuscript Title: Prediction of postoperative 5-year outcome in patients with glioma based on the XGBoost
algorithm _
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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2	Grants or contracts from	√None	
	any entity (if not indicated		
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3	Royalties or licenses	√None	
4	Consulting fees	√None	

-	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7			
7	Support for attending meetings and/or travel	VNone	
	<i></i>		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	VNone	
	Safety Monitoring Board or		
10	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		

Dr. Yan has nothing to disclose.

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

Date:2022-07-01
Your Name: Jiang Wang
Manuscript Title: Prediction of postoperative 5-year outcome in patients with glioma based on the XGBoost algorithm _
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>	Time frame: Since the initial√None	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	

-	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7			
7	Support for attending meetings and/or travel	VNone	
	<i></i>		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	VNone	
	Safety Monitoring Board or		
10	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		

Dr. Wang has nothing to disclose.

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

Date:2022-07-0	1
Your Name:	Qiufeng Dong
Manuscript Title:_ algorithm _	_ Prediction of postoperative 5-year outcome in patients with glioma based on the XGBoost
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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1	All support for the present	√None	
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	medical writing, article		
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	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	√None	
4	Consulting fees	√None	

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

Dr. Dong has nothing to disclose.

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

Date:	2022-07-01
Your Na	n <b>me:</b> Lian Zhu
Manusc	ript Title: Prediction of postoperative 5-year outcome in patients with glioma based on the XGBoost
algorith	m
Manusc	ript number (if known):

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medi	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 any entity (if not indicated	√None	
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	VNone	

-	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7			
7	Support for attending meetings and/or travel	VNone	
	<i></i>		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	VNone	
	Safety Monitoring Board or		
10	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		

Dr. Zhu has nothing to disclose.

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

Date:202	2-07-01
Your Name	Wei Lin
Manuscript	Title: Prediction of postoperative 5-year outcome in patients with glioma based on the XGBoost
algorithm _	
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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	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	VNone	

5	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7			
7	Support for attending meetings and/or travel	VNone	
	<i></i>		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	VNone	
	Safety Monitoring Board or		
10	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	2 Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	
13	Other financial or non-	√ None	
15	financial interests		

Dr. Lin has nothing to disclose.

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

Date:2022-07-01		
Your Name: Xiaofan Jiang		
Manuscript Title: Prediction of postoperative 5-year outcome in patients with glioma based on the XGBoost		
algorithm _		
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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3	Royalties or licenses	vNone	
4	Consulting fees	√None	

5	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7			
7	Support for attending meetings and/or travel	VNone	
	<i></i>		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	VNone	
	Safety Monitoring Board or		
10	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	2 Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	
13	Other financial or non-	√ None	
15	financial interests		

Dr. Jiang has nothing to disclose.

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