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

Han-Mei Zhang

Three-dimensional magnetic resonance elastography imaking for preoperative prediction of

2023/02/01

relationship/activity/interest it is preferable that you do so

microvascular invasion in patients with T1 stage clear cell renal carcinoma

Date:

Your Name: _____ Manuscript Title:

Manuscript number (if known):

	he following questions apply nanuscript only.	to the author's relations	hips/activities/interests as they relate to the <u>current</u>
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		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 initi	al 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.	XNone	
		Time frame: pas	st 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
	Royalties or licenses	_X_None	
	Consulting fees	X None	

5 P	ayment or honoraria for	X None	
	ectures, presentations,		
	speakers bureaus,		
m	nanuscript writing or		
e	ducational events		
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) P.	articipation on a Data	X None	
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	eadership or fiduciary role	X None	
	other board, society,		
	ommittee or advocacy		
	roup, paid or unpaid		
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	naterials, drugs, medical		
W	vriting, gifts or other		
St	ervices		
	Other financial or non-	XNone	
fi	inancial interests		

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.

Date:

3 Royalties or licenses

2023/02/01

__X__None

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Manuscript Title: Thr	ee-dimensional magnetic repatients with T1 stage clear	esonario elastegraphi i
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	relationship or indicate none (add rows as needed)	institution)
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entity (if not indicated	None	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X_None	
	pending		
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9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	X_None	
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	materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests	_v_ivone	

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 the form.

Date:2023,	/02/01	
Your Name: Jie	Chen) ie che	V
Manuscrint Title: Three	e-dimensional magnetic re:	onance elastography mognition pro-
microvascular invasion in pa	atients with T1 stage clear	cell renal carcinoma
Manuscript number (if know	vn):	
related to the content of you	ur manuscript. "Related" n be affected by the conten ot necessarily indicate a bia	all relationships/activities/interests listed below that are neans any relation with for-profit or not-for-profit third t of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a do so.
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edication, even if that med	lication is not mentioned i support for the work repor	re all relationships with manufacturers of antihypertensive n the manuscript. ted in this manuscript without time limit. For all other iter
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T	Payment or honoraria for	XNone	
	lectures, presentations,		
1	speakers bureaus,		
Н	manuscript writing or		
	educational events		
	Payment for expert	XNone	
	testimony		
	Support for attending	XNone	
	meetings and/or travel		
	Patents planned, issued or	XNone	
	pending		
11			
	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	X None	
11	Stock or stock options	X_None	
2	Receipt of equipment,	X None	
2	materials, drugs, medical	A_NONE	
	writing, gifts or other		
	services	100000	
13	Other financial or non-	X None	
	financial interests		

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 | 1 certify that I have answered every question and have not altered the wording of any of the questions or form.

Date:	2023/02/01				-	
Your Name:	Yun-Tian Chen _	Yun-To	m Chen			
Manuscript Title:	Three-dimensional r	nagnetic res	onance elastogi	raphy imaging	for preoperative	e prediction o
microvascular invas	ion in patients with T1	stage clear c	ell renal carcino	oma		
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 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.

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		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 initi	al 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.	XNone	
_		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_X_None	
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7	Support for attending	_x_None	
	meetings and/or travel		
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	t toward as	X None	
8	Patents planned, issued or		
	pending		
9	Participation on a Data	X None	
9	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	
	The state of the s	-	
	Design of equipment	X None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services	No.	
13	Other financial or non-	X_None	
40	financial interests		
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Please summarize the above conflict of interest in the following box:

None	1830			

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

X | Lecrtify that I have answered every question and have not altered the wording of any of the questions on the form.

Date:2	2023/02/01	
Your Name:	Meng Yin Mong Yin	sonance elastography imaging for preoperative prediction o
Manuscript Title:1	hree-dimensional magnetic re-	sonance elastography imaging for preoperative prediction o
microvascular invasion	in patients with T1 stage clear	cell renal carcinoma
Manuscript number (if	known):	
related to the content of parties whose interests o transparency and do	of your manuscript. "Related" n may be affected by the conten	all relationships/activities/interests listed below that are neans any relation with for-profit or not-for-profit third t of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a do so.
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	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events	BRIDE AND ALL	Control of the last of the las
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
115	meetings and/or travel		
	description of the same of		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	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	X None	
	No. of the last of		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests	- 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 | 1 certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2023/02/01_			
Your Name:	Yi Wang _	y:	Wang	The state of the s
Manuscript Title:	_ Three-dimer	siona	Il magnetic res	onance elastography imaging for preoperative prediction of
microvascular invas	ion in patients	with 1	1 stage clear o	ell renal carcinoma
Manuscrint number	(if known).			

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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)
		Time frame: Since the initi	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
1	Consulting fees	_X_None	

5	Payment or honoraria for	X None	
2	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	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
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	XNone	

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 | Certify that I have answered every question and have not altered the wording of any of the questions on I form.

Date:	2023/02/01	
Your Name:	Yi Wei Y: Wei	
Manuscript Title:_	Three-dimensional magnetic resonance elastog	raphy imaging for preoperative prediction of
microvascular invas	sion in patients with T1 stage clear cell renal carcino	oma
Manuscript numbe	r (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 $\underline{\text{current}}$ $\underline{\text{manuscript only}}$.

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.

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

5 Pav	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events	m	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
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 | Certify that I have answered every question and have not altered the wording of any of the questions on this form.

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wanuscript ritie	ion in patients with T	1 stage clear o	cell renal carcinoma
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Payment or honoraria for lectures, presentations,	_X_None	
manuscript writing or educational events		
Payment for expert testimony	_X_None	
Support for attending meetings and/or travel	_X_None	
Patents planned, issued or pending	X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
Leadership or fiduciary role in other board, society, committee or advocacy	X_None	
Stock or stock options	XNone	
Receipt of equipment,	XNone	
writing, gifts or other services	The second second	
Other financial or non- financial interests	XNone	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- 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 | 1 certify that I have answered every question and have not altered the wording of any of the questions form.

microvascular invasion in patients Manuscript number (if known): In the interest of transparency, we related to the content of your man parties whose interests may be affi- to transparency and does not nece- elationship/activity/interest, it is p the following questions apply to the nanuscript only. The author's relationships/activities to the epidemiology of hypertension tedication, even if that medication item #1 below, report all support te time frame for disclosure is the 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. Grants or contracts from any entity (if not indicated	with T1 stage clear ask you to disclose uscript. "Related" r ected by the conter isarily indicate a bio preferable that you	all relationships/activities/interests listed below that are means any relation with for-profit or not-for-profit third to of the manuscript. Disclosure represents a commitment as. If you are in doubt about whether to list a
Manuscript Title: Three-dimer microvascular invasion in patients Manuscript number (if known): in the interest of transparency, we related to the content of your man parties whose interests may be affico transparency and does not necestationship/activity/interest, it is proposed to the content of your manuscript only. The following questions apply to the nanuscript only. The eathor's relationships/activities the epidemiology of hypertension endication, even if that medication item #1 below, report all support et itme frame for disclosure is the whom the proposed for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	with T1 stage clear ask you to disclose uscript. "Related" r ected by the conter isarily indicate a bio preferable that you	cell renal carcinoma
microvascular invasion in patients Manuscript number (if known): In the interest of transparency, we related to the content of your man parties whose interests may be affi- to transparency and does not nece- elationship/activity/interest, it is p the following questions apply to the nanuscript only. The author's relationships/activities to the epidemiology of hypertension tedication, even if that medication item #1 below, report all support te time frame for disclosure is the 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. Grants or contracts from any entity (if not indicated	with T1 stage clear ask you to disclose uscript. "Related" r ected by the conter isarily indicate a bio preferable that you	cell renal carcinoma
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Consulting fees X	None	

5	Payment or honoraria for	_X_None	
14	lectures, presentations, speakers bureaus, manuscript writing or educational events	11	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	XNone	
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	

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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 the

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Manuscript Title:	Three-dimensional magnetic resonance elastography magnetic prediction of
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Manuscript number (

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		Time frame: Since the initi	al 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	
	200	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	XNone	
	testimony		
	Support for attending	_X_None	
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	Patents planned, issued or	XNone	
	pending		
	n il I il	X None	
	Participation on a Data Safety Monitoring Board or	_ A_IVOITE	
	Advisory Board		
0	Leadership or fiduciary role	X None	
.0	in other board, society,		
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	group, paid or unpaid	A STATE OF THE STA	
1	Stock or stock options	_X_None	
2	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
.3	Other financial or non-	X_None	
	financial interests		
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