Date:Aug. Your Name:     X	, <u> </u>
 Manuscript Title	Development and internal validation of a conventional ultrasound-based nomogram for nant non-mass-like breast lesions
	ber (if known): QIMS-22-378
	transparency, we ask you to disclose all relationships/activities/interests listed below that are

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

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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 initial	planning of the work
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		Time frame: past	36 months
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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

	T	T		
5	Payment or honoraria for	X None		
,	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
	,			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None		
10		X		
	group, paid or unpaid			
11	Stock or stock options	XNone		
42		V. NI		
12	Receipt of equipment, materials, drugs, medical	X_None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
1				

None.			

	te:Aug. 14 <sup>th</sup> , 2022	_					
Your Name: Shulian Zhuang  Manuscript Title: Development and internal validation of a conventional ultrasound based namegram for							
	Manuscript Title: Development and internal validation of a conventional ultrasound-based nomogram for						
-	predicting malignant non-mass-like breast lesions						
IVI	Manuscript number (if known): QIMS-22-378						
rela par to	ated to the content of your ries whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.				
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>				
to		ension, you should declare	edefined broadly. For example, if your manuscript pertains eall relationships with manufacturers of antihypertensive the manuscript.				
	tem #1 below, report all sup time frame for disclosure is	•	ed in this manuscript without time limit. For all other item	ıs,			
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate	institution)				
		none (add rows as	,				
		needed)					
		Time frame: Since the initia	al planning of the work				
1	All support for the present	X None					
_	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
	processing charges, etc.)						
No time limit for this item.							
		Time frame: pas	t 36 months				
2	Grants or contracts from	XNone					
	any entity (if not indicated						
	in item #1 above).						

3

Royalties or licenses

Consulting fees

X\_None

X\_\_None

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events				
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 Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
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				
Г	Please summarize the above conflict of interest in the following box:				

Date:Aug. 14 <sup>th</sup> , 2022
Your Name: Shuang Yang
Manuscript Title: Development and internal validation of a conventional ultrasound-based nomogram for
predicting malignant non-mass-like breast lesions
Manuscript number (if known): QIMS-22-378

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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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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 testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
14	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

None.			

Yo Ma pre	te:Aug. 14 <sup>th</sup> , 2022 ur Name: Danhui Lai anuscript Title: Develo edicting malignant non-mas anuscript number (if known)	opment and internal validaselike breast lesions	ation of a conventional ultrasound-based nomogram for	r
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment I. If you are in doubt about whether to list a o so.	
	e following questions apply	to the author's relationsh	ips/activities/interests as they relate to the current	
to me	the epidemiology of hypertedication, even if that medic	ension, you should declar cation is not mentioned in port for the work report	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensi the manuscript. ed in this manuscript without time limit. For all other it	ive
		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: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	XNone		

Consulting fees

\_X\_\_None

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

None.			

Date: Aug. 14 <sup>th</sup> , 2022	
Your Name: Miao Chen	
Manuscript Title: Development and internal validation of a conventional ultrasound-based nomogram predicting malignant non-mass-like breast lesions	for
Manuscript number (if known): QIMS-22-378	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit thir parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitm 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.	ď
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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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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
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	writing, gifts or other		
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Г	None.		
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Yo Ma pre	te:Aug. 14 <sup>th</sup> , 2022 ur Name: Jianxing Zhang nuscript Title: Develo edicting malignant non-mass nuscript number (if known)	pment and internal validas-like breast lesions	ation of a conventional ultrasound-based nomogram for	r
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply	to the author's relationsh	ips/activities/interests as they relate to the current	
to me	the epidemiology of hypertodication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensi the manuscript. ed in this manuscript without time limit. For all other it	ve
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Consulting fees

X\_\_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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		
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11	Stock or stock options	X None	
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13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	lowing box:
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