Da	te:Jan 18, 202	22	
	ur Name:Zhibin Li		
Ma	nuscript Title:_ Prediction o	of disease progression for	high-grade glioma patients based on MRI radiomics and
	chine learning		
Ma	anuscript number (if known)	:	
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	all 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 s. If you are in doubt about whether to list a lo so.
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other items
		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
-	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X_None	
	No time limit for this item.		
		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	

4

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNOTIC	
	cestimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and/or traver		
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	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
Г			
	None		

	ICMJE DISCLOSURE FORM				
Date:	Jan 18, 20 2	22			
Your Name:	Li Chen				
Manuscript Titl machine learni	e:_ Prediction (of disease progression for	high-grade glioma patients based on MRI radiomics and		
Manuscript nu	nber (if known):			
related to the oparties whose it transparence	ontent of your nterests may b y and does not	manuscript. "Related" me e affected by the content	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.		
The following o		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>		
to the epidemi	ology of hypert		e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.		
	•	pport for the work reporte is the past 36 months.	ed in this manuscript without time limit. For all other items		
		T	0 10 11 10		

		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).	X_None	
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		
6	Payment for expert	X None	
	testimony	XNOTIC	
	cestimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and/or traver		
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	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
Г			
	None		

Date:	Jan 18, 2022	
	Ying Song	
Manuscript Ti	e:_ Prediction of disease progression for high-grade glioma patients based	d on MRI radiomics and
	nber (if known):	
related to the parties whose	f transparency, we ask you to disclose all relationships/activities/interest ontent of your manuscript. "Related" means any relation with for-profit on terests may be affected by the content of the manuscript. Disclosure rep and does not necessarily indicate a bias. If you are in doubt about whetl	or not-for-profit third presents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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

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	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(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,	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	X_None	
	any entity (if not indicated		
	in item #1 above).		
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		
6	Payment for expert	X None	
	testimony	XNOTIC	
	cestimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and/or traver		
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	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
Г			
	None		

ICM IF DISCLOSURE FORM

		ICIVIJE DISC	CLOSURE FORIVI
Da	te:Jan 18, 202	22	
Yo	ur Name: Guyu Dai_		
Ma	nuscript Title:_ Prediction of	of disease progression for	high-grade glioma patients based on MRI radiomics and
Ma	nuscript number (if known):	
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 s. If you are in doubt about whether to list a o so.
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		A1 11 122 241	6 16 11 10
		Name all entities with whom you have this	Specifications/Comments (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.)		

Time frame: past 36 months

X_None

_X_None

X__None

No time limit for this item.

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

any entity (if not indicated

2

3

4

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNOTIC	
	cestimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and/or traver		
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	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
Г			
	None		

	ICMJE DISCLOSURE FORM				
Date:Jan 18, 2022	Date:Jan 18, 2022				
Your Name: Lian Duan					
Manuscript Title:_ Prediction of disease pr	rogression for h	nigh-grade glioma patients based on MRI radiomics and	d		
machine learning 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 authomanuscript only.	The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> 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.					
n 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 er	ntities with	Specifications/Comments			
whom you relationship	have this p or indicate	(e.g., if payments were made to you or to your institution)			

		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).	X_None	
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		
6	Payment for expert	X None	
	testimony	XNOTIC	
	cestimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and/or traver		
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	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
Г			
	None		

Dat	:e:Jan 18, 202		
Υοι	ır Name: Yong Luo_		
Ma	nuscript Title:_ Prediction o	of disease progression for	high-grade glioma patients based on MRI radiomics and
ma	chine learning		
Ma	nuscript number (if known)	:	
relator	ated to the content of your ties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	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 is. If you are in doubt about whether to list a to so. hips/activities/interests as they relate to the current
to t me In i	he epidemiology of hypertodication, even if that medic	ension, you should declard ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other item
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
	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: pas	st 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
,	Royalties or licenses	X None	
	,		

4

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNOTIC	
	cestimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and/or traver		
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	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
Г			
	None		

	ICMJE DISC	CLOSURE FORM
Date:	Jan 18, 2022	
Your Name:	Guangyu Wang	
		high-grade glioma patients based on MRI radiomics and
machine learni	ng	
Manuscript nu	mber (if known):	
related to the oparties whose to transparence relationship/ac	content of your manuscript. "Related" me interests may be affected by the content y and does not necessarily indicate a bias ctivity/interest, it is preferable that you d	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. ips/activities/interests as they relate to the current
to the epidemi	elationships/activities/interests should be	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	ew, report all support for the work reporter for disclosure is the past 36 months.	ed in this manuscript without time limit. For all other items,
	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)

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastX_NoneX_None	36 months
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNOTIC	
	cestimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and/or traver		
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	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
Г			
	None		

Date:	Jan 18, 2022	_
Your Name:	Qing Xiao	
•	e:_ Prediction of disease progression for high-grade glioma patients based on MRI radiomics and the second	and
	nber (if known):	
related to the c	of transparency, we ask you to disclose all relationships/activities/interests listed below that content of your manuscript. "Related" means any relation with for-profit or not-for-profit thin nterests may be affected by the content of the manuscript. Disclosure represents a commitm	d

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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 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)
		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.)	X_None	
	No time limit for this item.		
		Time frame: past	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	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNOTIC	
	cestimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and/or traver		
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	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
Г			
	None		

Da	te:Jan 18, 20	22	
	ur Name:Guangjun I		
ma	chine learning		high-grade glioma patients based on MRI radiomics and
Ma	nuscript number (if known):	
rela par to	ated to the content of your rties whose interests may b	manuscript. "Related" me affected by the content necessarily indicate a bias	all 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 s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsl	hips/activities/interests as they relate to the <u>current</u>
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	tem #1 below, report all su time frame for disclosure		ed in this manuscript without time limit. For all other items,
		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	ial planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	X_None	
	processing charges, etc.) No time limit for this item.		
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	

3

4

Royalties or licenses

Consulting fees

_X_None

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	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		
-			
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nove	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above co	onflict of interest in the fo	ollowing box:

	te:Jan 18, 202		
Yo	ur Name: Sen Bai		
ma	chine learning		high-grade glioma patients based on MRI radiomics and
Ma	nuscript number (if known)):	
related to the mean of the mean of the term of the ter	ated to the content of your ries whose interests may be transparency and does not eationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare eation is not mentioned in	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
		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 initia	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.)	X_None	
	No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pasX_None	t 36 months

3

4

Royalties or licenses

Consulting fees

_X_None

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