Date:Sep. 4 th , 2022	
Your Name:Liayan Wan	
Manuscript Title:_Differential diagnostic performan	ce of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study	
Manuscript number (if known): QIMS-22-246	

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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		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.	XNone	
		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	

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Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
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Support for attending	X None	
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Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
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Other financial or non-	XNone	
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	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 nonX_None

None.			

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

ate:sep. 4 , 2022		
our Name:Yuting Gao		
anuscript Title: Differential	diagnostic performance of	PET/CT in adult-onset still's disease and lymphoma: A
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andscript number (ii known)	J QIIVI3-22-240	
lated to the content of your arties whose interests may be transparency and does not lationship/activity/interest, he following questions apply anuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medicatem #1 below, report all su	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare cation is not mentioned in t	of the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. ps/activities/interests as they relate to the current of the defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
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	Name all entities with	Specifications/Comments
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any entity (if not indicated in item #1 above).	XNone	36 months
	anuscript Title:_Differential trospective pilot study anuscript number (if known) the interest of transparency lated to the content of your arties whose interests may be transparency and does not lationship/activity/interest, ne following questions apply anuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medicate item #1 below, report all superimedication for the present manuscript (e.g., funding,	anuscript Title:_Differential diagnostic performance of trospective pilot studyanuscript number (if known): QIMS-22-246 the interest of transparency, we ask you to disclose all lated to the content of your manuscript. "Related" meanties whose interests may be affected by the content of transparency and does not necessarily indicate a bias. Idationship/activity/interest, it is preferable that you do not need to be the epidemiology of the author's relationship anuscript only. The author's relationships/activities/interests should be the epidemiology of hypertension, you should declare edication, even if that medication is not mentioned in the item #1 below, report all support for the work reported 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) Time frame: Since the initial all supports for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

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5	Payment or honoraria for lectures, presentations,	XNone			
	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				
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			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non- financial interests	XNone			
	financiai interests				
Ple	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:

Date:Sep. 4 th , 2022
Your Name:Chendie Yang
Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study
Manuscript number (if known): QIMS-22-246

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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Payment or honoraria for	XNone	
lectures, presentations,		
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educational events		
Payment for expert	XNone	
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Support for attending	X None	
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Patents planned, issued or	XNone	
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Participation on a Data	XNone	
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Other financial or non-	XNone	
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None.			

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

Date:Sep. 4 th , 2022
Your Name:Jieyu Gu
Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study
Manuscript number (if known): QIMS-22-246

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	XNone	
4	Consulting fees	XNone	

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Payment or honoraria for	XNone	
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Patents planned, issued or	XNone	
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Participation on a Data	XNone	
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None.			

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

Date:Sep. 4 th , 2022	
Your Name:Tingting Liu	
Manuscript Title:_Differential diagnostic performance	ce of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study	
Manuscript number (if known): QIMS-22-246_	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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Payment or honoraria for	XNone	
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manuscript writing or		
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Payment for expert	XNone	
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Patents planned, issued or	XNone	
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Participation on a Data	XNone	
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Other financial or non-	XNone	
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None.			

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

Date:Sep. 4 th , 2022
Your Name:Qiongyi Hu
Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study
Manuscript number (if known): QIMS-22-246

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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	

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Payment or honoraria for	XNone	
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Payment for expert	XNone	
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Support for attending	X None	
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Patents planned, issued or	XNone	
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Participation on a Data	XNone	
Safety Monitoring Board or		
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None.			

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

	te:Sep. 4 , 2022		
Yo	ur Name:Zihan Tang		
Ma	anuscript Title: Differential	diagnostic performance of	PET/CT in adult-onset still's disease and lymphoma: A
	rospective pilot study		, , ,
	anuscript number (if known)	. OIMS 22 246	
IVIC	anuscript number (ii known)	J Q11V13-22-240	
rel pa to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" means affected by the content of the author's relationship in the content of the content	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 initial	planning of the work
4	All access of family a manager	V Name	
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
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	processing charges, etc.)		
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		T :	36 months
		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	X None	

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
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7	Support for attending	XNone	
	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

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

Date:Sep. 4 th , 2022
Your Name:Jialin Teng
Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study
Manuscript number (if known): QIMS-22-246

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

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
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7	Support for attending	XNone	
•	meetings and/or travel		
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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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
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		

None.			

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

Date:Sep. 4 th , 2022
Your Name:Honglie Liu
Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study
Manuscript number (if known): QIMS-22-246

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	manuscript writing or educational events		
6	Payment for expert	X None	
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7	Support for attending	XNone	
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8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
	group, paid or unpaid		
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		

None.			

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

Date:Sep. 4 th , 2022
Your Name:Xiaobing Cheng
Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study
Manuscript number (if known): QIMS-22-246

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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	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	manuscript writing or educational events		
6	Payment for expert	X None	
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7	Support for attending	XNone	
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8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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	group, paid or unpaid		
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		

None.			

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

You Ma ret	rospective pilot study		PET/CT in adult-onset still's disease and lymphoma: A	
rela par to t rela	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do		
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to to to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iten	9
		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.	XNone		
		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		

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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		
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	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

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

Da	te:Sep. 4 , 2022		
Yo	ur Name:Yutong Su		
Ma	anuscript Title: Differential	diagnostic performance of	PET/CT in adult-onset still's disease and lymphoma: A
	rospective pilot study		, , , , , , , , , , , , , , , , , , , ,
		. OIMS 22 246	
IVI	anuscript number (if known)): QIIVIS-22-246	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" means a seaffected by the content of the author's relationship in the content of the cont	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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	institution
		-	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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		Time frame: past	36 months
2	Cuanta an acuturata fuarra		30 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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		
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	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

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

	te:Sep. 4 th , 2022			
	ur Name:Yi Shi		DET/OT : A Literary Wills Province of London A	
	Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A			
	retrospective pilot study Manuscript number (if known): QIMS-22-246			
IVIa	inuscript number (if known)): QIMS-22-246		
rela par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans 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 poso.	
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su	pport for the work reporte	ed in this manuscript without time limit. For all other item	ıs,
	e time frame for disclosure i	• • • • • • • • • • • • • • • • • • • •		•
	• •	s the past 36 months.	Specifications/Comments	•
	• •	s the past 36 months. Name all entities with	Specifications/Comments (e.g., if payments were made to you or to your	·
	• •	s the past 36 months.	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	• •	Name all entities with whom you have this	(e.g., if payments were made to you or to your	
	• •	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	•
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the	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(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)	(e.g., if payments were made to you or to your institution)	•
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	•
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	•
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution) Il planning of the work	
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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone Time frame: pass	(e.g., if payments were made to you or to your institution) Il planning of the work	
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	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution) Il planning of the work	
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	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone Time frame: pass	(e.g., if payments were made to you or to your institution) Il planning of the work	
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	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone Time frame: pass	(e.g., if payments were made to you or to your institution) Il planning of the work	

Consulting fees

X__None

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г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	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		
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	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

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

Da	te:Sep. 4 th , 2022			
Yo	ur Name:Xinyun Huang_			
Ma	nuscript Title:_Differential	diagnostic performance o	f PET/CT in adult-onset still's disease and lymphoma: A	
	rospective pilot study		, ,	
	nuscript number (if known)): QIMS-22-246		
In f rel pa	the interest of transparency ated to the content of your rties whose interests may b	, we ask you to disclose a 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	
	ationship/activity/interest,	-	 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 <u>current</u>	
to	• •	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensi the manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other it	ems,
		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	
		Time trainer since the find	ar planning of the work	
_	All support for the present	XNone		
	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	
)	Grants or contracts from		- So mondis	
-	any entity (if not indicated	XNone		
	in item #1 above).			

3

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Royalties or licenses

Consulting fees

X__None

X__None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
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	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
Ple	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:

Date:Sep. 4 th , 2022	
Your Name:Chengde Yang	
Manuscript Title:_Differential diagnostic performance	e of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study	
Manuscript number (if known): QIMS-22-246	

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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
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: 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	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
O	testimony		
	testimony		
7	Support for attending	XNone	
•	meetings and/or travel		
	5 ,		
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,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Date:Sep. 4 th , 2022
Your Name:Biao Li
Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study
Manuscript number (if known): QIMS-22-246

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

		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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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: 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	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
O	testimony		
	testimony		
7	Support for attending	XNone	
•	meetings and/or travel		
	G ,		
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,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Date:Sep. 4 th , 2022
Your Name:Hui Shi
Manuscript Title:_Differential diagnostic performance of PET/CT in adult-onset still's disease and lymphoma: A
retrospective pilot study
Manuscript number (if known): QIMS-22-246

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

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
O	testimony	XNOTIE	
	testimony		
7	Support for attending	XNone	
•	meetings and/or travel		
	G ,		
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,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

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5	Payment or honoraria for lectures, presentations,	XNone		
	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			
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		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
	financiai interests			
Ple	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: