Date: October 11,2022 Your Name:Cui Yang Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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.	1None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	1None	
3	Royalties or licenses	1None	
4	Consulting fees	1None	

5	Payment or honoraria for	1_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	1_None	
	testimony		
_			
7	Support for attending meetings and/or travel	1None	
8	Patents planned, issued or	1None	
	pending		
9	Participation on a Data	1_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	1_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	1_None	
12	Receipt of equipment,	1_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	1_None	
	financial interests		

None.

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

__1_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: October 11,2022 Your Name: Xiao-Qin Wei Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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)
		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.	2None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	2_None	
3	Royalties or licenses	2_None	
4	Consulting fees	2None	

5	Payment or honoraria for	2_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	2_None	
	testimony		
-		2 11	
7	Support for attending meetings and/or travel	2None	
8	Patents planned, issued or	2_None	
	pending		
9	Participation on a Data	2None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	2_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	2_None	
12	Receipt of equipment,	2_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	2_None	
	financial interests		

None.

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

__2_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: October 11,2022 Your Name: Jing Zheng Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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)
		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.	3None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	3None	
3	Royalties or licenses	3None	
4	Consulting fees	3None	

5	Payment or honoraria for	3None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	3_None	
	testimony		
7	Current fer ettending	2 Nana	
7	Support for attending meetings and/or travel	3None	
8	Patents planned, issued or	3None	
	pending		
9	Participation on a Data	3None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	3None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	3None	
12	Receipt of equipment,	3_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	3None	
	financial interests		

None.

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

__3_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: October 11,2022 Your Name:Yun-Yun Tao Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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)
		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.	4None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	4None	
3	Royalties or licenses	4None	
4	Consulting fees	4None	

5	Payment or honoraria for	4None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	4 Nana	
6	Payment for expert testimony	4None	
	testimony		
7	Support for attending	4 None	
'	meetings and/or travel		
8	Patents planned, issued or	4None	
	pending		
9	Participation on a Data	4None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	4None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	4None	
4.2			
12	Receipt of equipment,	4_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	4None	
	financial interests		

None.

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

4 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: October 11,2022 Your Name: Xue-Qin Gong Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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)
		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.	5None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	5None	
3	Royalties or licenses	5None	
4	Consulting fees	5None	

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

None.

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

__5_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: October 11,2022 Your Name:LiLi Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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</u> <u>manuscript only</u>.

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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.

	1	Name all entities with whom you have this relationship or indicate none (add rows as needed) ime frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
			F
1	All support for the present	6None	
	manuscript (e.g., funding,		
	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	6_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	6None	

4	Consulting fees	6_None	
	C		
5	Payment or honoraria for	6None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	6_None	
	testimony		
7	Support for attending meetings and/or travel	_6 None	
8	Patents planned, issued or	6None	
	pending		
9	Participation on a Data	6_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary	6_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid	(Naux	
11	Stock or stock options	6_None	
12	Receipt of equipment,	6_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	6_None	
15	financial interests		
	interests		

None.

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

6 I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: October 11,2022 Your Name:Zu-Mao Li Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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>.

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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.

	Т	Name all entities with whom you have this relationship or indicate none (add rows as needed) ime frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
		1	
1	All support for the present	7_None	
	manuscript (e.g., funding,		
	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	7_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	7_None	

4	Consulting fees	7_None	
5	Payment or honoraria for	7_None	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	7None	
	testimony		
7	Support for attending meetings and/or travel	_7_None	
8	Patents planned, issued or	7None	
	pending		
9	Participation on a Data	7_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary	7_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	7_None	
11	Stock of Stock options		
10			
12	Receipt of equipment,	7_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	7None	
	financial interests		

None.

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

 $_7_$ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: October 11,2022 Your Name:Lin Yang Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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>.

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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.	8None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	8None	
3	Royalties or licenses	8None	
4	Consulting fees	8None	

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

None.

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

__8_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: October 11,2022 **Your Name:**Qi Mao **Manuscript Title:** A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma **Manuscript number (if known):** QIMS-22-271

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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</u> <u>manuscript only</u>.

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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.

	Т	Name all entities with whom you have this relationship or indicate none (add rows as needed) ime frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	1	mie mame. Smee the mitta	plaining of the work
1	All support for the present	9_None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
	etc.) No time limit for this		
	item.		
	itemi		
		Time frame: past	36 months
2	Grants or contracts from	9_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	9_None	

4 Consulting fees 9_None 5 Payment or honoraria for lectures, presentations, speakers hureaus, spe				
lectures, presentations, speakers bureaus, manuscript writing or educational events	4	Consulting fees	9_None	
lectures, presentations, speakers bureaus, manuscript writing or educational events				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
lectures, presentations, speakers bureaus, manuscript writing or educational events	5	Payment or honoraria for	9_None	
manuscript writing or educational events				
educational events				
6 Payment for expert testimony _9_None				
testimony				
7 Support for attending meetings and/or travel meetings and/or travel	6		9None	
neerings and/or travel Image: Constraint of travel Image: Constraint of trav		testimony		
neerings and/or travel Image: Constraint of travel Image: Constraint of trav				
1 Receipt of equipment, materials, drugs, medical writing, gifts or other services	7		_9_ None	
pending				
pending				
pending	8	Patents planned, issued or	9None	
Safety Monitoring Board or Advisory Board Image: Constraint of the state of				
Safety Monitoring Board or Advisory Board Image: Constraint of the state of				
Advisory Board	9		9_None	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 9_None 11 Stock or stock options 9_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 9_None 13 Other financial or non- 9_None				
role in other board, society, committee or advocacy group, paid or unpaid				
society, committee or advocacy group, paid or unpaid9_None11Stock or stock options_9_None12Receipt of equipment, materials, drugs, medical writing, gifts or other services_9_None13Other financial or non9_None	10		9_None	
advocacy group, paid or unpaid				
unpaid unpaid				
11 Stock or stock options _9_None				
Image: services Image: services Image: services Image: services 13 Other financial or non- _9_None	11		0 Nava	
materials, drugs, medical writing, gifts or other services	11	Stock or stock options	9NONE	
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services	10			
writing, gifts or other services	12		9_None	
services				
	13	Other financial or non-	9 None	
	15			

None.

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

9 I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: October 11,2022 Your Name:Mao-Ting Zhou Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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.	10None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	10None	
3	Royalties or licenses	10None	
4	Consulting fees	10None	

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

None.

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

__10_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: October 11,2022 Your Name: Xiao-Ming Zhang Manuscript Title: A correlative study between IVIM-DWI parameters and VEGF and MMPs expression in hepatocellular carcinoma Manuscript number (if known): QIMS-22-271

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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)
		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.	11None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	11None	
3	Royalties or licenses	11None	
4	Consulting fees	11None	

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

None.

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

__11_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.