

ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: [Hongbo Chen]

Manuscript Title: [Voxel-wise invasion risk map of nasopharyngeal carcinoma based on coordinate system of nasopharynx and its prognostic potential]

Manuscript Number (if known): QIMS-22-744-R1

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: [Haojiang Li]

Manuscript Title: [Voxel-wise invasion risk map of nasopharyngeal carcinoma based on coordinate system of nasopharynx and its prognostic potential]

Manuscript Number (if known): QIMS-22-744-R1

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ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: [Shixin Yang]

Manuscript Title: [Voxel-wise invasion risk map of nasopharyngeal carcinoma based on coordinate system of nasopharynx and its prognostic potential]

Manuscript Number (if known): QIMS-22-744-R1

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Your Name: [Wenjie Huang]

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Date: 11/15/2022

Your Name: [Qiong Gong]

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

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ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: [Guangying Ruan]

Manuscript Title: [Voxel-wise invasion risk map of nasopharyngeal carcinoma based on coordinate system of nasopharynx and its prognostic potential]

Manuscript Number (if known): QIMS-22-744-R1

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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ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: Shuchao Chen

Manuscript Title: Voxel-wise invasion risk map of nasopharyngeal carcinoma based on coordinate system of nasopharynx and its prognostic potential

Manuscript Number (if known): QIMS-22-744-R1

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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ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: [Lizhi Liu]

Manuscript Title: [Voxel-wise invasion risk map of nasopharyngeal carcinoma based on coordinate system of nasopharynx and its prognostic potential]

Manuscript Number (if known): QIMS-22-744-R1

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