Date: $(0, 0)$ , $22\lambda$
Your Name: Min Fers
Manuscript Title: A Deep Learning Model for Lymph Node Metastasis Prediction Based on Digital Histopathological
Images of Primary Endometrial Cancer
Manuscript number (if known): QIMS-22-220

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 author's relationships/activities/interests as they relate to the <u>current 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)
	<b>的</b> 自然是一个一个一个一个一个	Time frame: Since the initi	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.)  No time limit for this item.	None	
	MINE TO LEGATION	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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	The state of the state of the Samuel and		
5	Payment or honoraria for	None	
	lectures, presentations,		Man Alberta Control of the Control o
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	7	
8	Patents planned, issued or		
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	A STATE OF THE STA
10	Leadership or fiduciary role	_ ★ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	_X None	
	materials, drugs, medical	- Tribile	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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None.		
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Please place an "X" next to the following statement to indicate your agreement:

Date: 14,09,20	02 1	
Your Name:	1/2 has	
Manuscript Title: A	Deep Learning Model for I	ymph Node Metastasis Prediction Based on Digital Histopathological
<b>Images of Primary E</b>	ndometrial Cancer	
Manuscript number	(if known): QIMS-22-220	

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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)
	THE TRACK OF THE PARTY.	Time frame: Since the initi	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.)  No time limit for this item.	None	
		Time frame: pas	t 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	None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_	Constant Control 19		
7	Support for attending meetings and/or travel	None	
		- 1	
8	Patents planned, issued or	X_None	
	pending		
_	B		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

No Conflict of interest	
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Please place an "X" next to the following statement to indicate your agreement:

Date: 14-9%-2012

Your Name: Jie Chen
Manuscript Title: A Deep Learning Model for Lymph Node Metastasis Prediction Based on Digital Histopathological
Images of Primary Endometrial Cancer
Manuscript number (if known): QIMS-22-220
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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)
	<b>通复等于</b> / / / / / / / / / / / / / / / / / / /	Time frame: Since the initi	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.)  No time limit for this item.	<u></u> ✓_None	
4.7		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u></u> ✓ None	
3	Royalties or licenses	<u>≯</u> None	
4	Consulting fees	<u></u> None	

5	Payment or honoraria for lectures, presentations,	× None	a second of the
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	≯ None	
0	testimony	Z_None	
	As a second		
7	Support for attending meetings and/or travel	<u>⊁_</u> None	
8	Patents planned, issued or	<u>≯_</u> None	The state of the s
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u></u> ★ None	
10	Leadership or fiduciary role	⊀ None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>≯</u> None	
12	Receipt of equipment, materials, drugs, medical	None	Miles and the second of the se
	writing, gifts or other		
	services		
13	Other financial or non-	None	THE CONTRACT OF THE PROPERTY OF THE PARTY OF
	financial interests		

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:	3.09.2022	
Your Name:	Tingyu Zhao	
Manuscript Ti	tle: A Deep Learni	ng Model for Lymph Node Metastasis Prediction Based on Digital Histopathological

Images of Primary Endometrial Cancer

Manuscript number (if known): QIMS-22-220

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		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)  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	
	A CONTRACTOR OF THE CONTRACTOR	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	X_None	

5	Payment or honoraria for	X_None	Hills care
43	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		The state of the s
6	educational events	X None	
Ь	Payment for expert testimony	None	
	testimony	1 (A)	
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data Safety Monitoring Board or	X_None	
10	Advisory Board  Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	_X_None	
955%	the state of the state of		
12	Receipt of equipment,	X_None	A Miles of the contract of the
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_X None	
	financial interests		

None.			

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

Date: 13.09.2022
Dutc.
Your Name: Juan Mei
Manuscript Title: A Deep Learning Model for Lymph Node Metastasis Prediction Based on Digital Histopathological
Images of Primary Endometrial Cancer
Manuscript number (if known): QIMS-22-220

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3124		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	
	A CONTRACTOR OF THE PARTY OF TH	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	X_None	

5	Payment or honoraria for	X_None	Hills care
43	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		The state of the s
6	educational events	X None	
Ь	Payment for expert testimony	None	
	testimony	1 (A)	
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data Safety Monitoring Board or	X_None	
10	Advisory Board  Leadership or fiduciary role	X None	
10	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	_X_None	
955%	the state of the state of		
12	Receipt of equipment,	X_None	A Miles of the contract of the
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_X None	
	financial interests		

None.			

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

15
Date: 2011. 9. 12
Your Name: 1494119 Fan
Manuscript Title: A Deep Learning Model for Lymph Node Metastasis Prediction Based on Digital Histopathologica
Images of Primary Endometrial Cancer
Manuscript number (if known): QIMS-22-220
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 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.
In item #1 below, report all support for the work reported 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) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  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	
	HARALE COLUMN	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	X_None	

5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N. Ali	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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8	Patents planned, issued or	_X_None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	_X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,	_A_none	
	committee or advocacy		) i
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Descint of accions at	X None	
12	Receipt of equipment, materials, drugs, medical	_X_None	
	writing, gifts or other		The second secon
	services		
13	Other financial or non-	_X_None	
	financial interests		
		the single by the server	

None		

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

Date:_	14.09.2022
Your N	ame: Zhen Mu Lin.
Manus	cript Title: A Deep Learning Model for Lymph Node Metastasis Prediction Based on Digital Histopathologica
Images	of Primary Endometrial Cancer
Manus	cript number (if known): QIMS-22-220

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		Time frame: Since the initi	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.)  No time limit for this item.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_★_None	
3	Royalties or licenses	✓_None	
4	Consulting fees	None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_	Constant Control 19		
7	Support for attending meetings and/or travel	None	
		- 1	
8	Patents planned, issued or	X_None	
	pending		
_	B		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

No Conflict of interest	
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Please place an "X" next to the following statement to indicate your agreement:

Date: 14.04 2	072			
Your Name:	YAO	JIANHUA		
Manuscript Title: 1	A Deep Lear	ning Model for Lymp	h Node Metastasis Prediction Based on Digita	Histopathological
<b>Images of Primary</b>	Endometria	Cancer		
Manuscript number	r (if known)	QIMS-22-220		

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

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

No Conflict of interest	
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Please place an "X" next to the following statement to indicate your agreement:

Date: 19-9-2012	
Your Name: Hors Bu  Manuscript Title: Deep Learning Model for Lymph Node Metastasis Prediction Based on	n Digital Histopathological
Images of Primary Endometrial Cancer	
Manuscript number (if known): QIMS-22-220	

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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)
	AND THE PROPERTY OF A	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 processing charges, etc.)  No time limit for this item.	_X_None	
を担け	ATTENDED TO STATE OF THE STATE	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
- 1			
4	Consulting fees	None	

		The same of the sa	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
4	manuscript writing or educational events		
6	Payment for expert	X None	
Ū	testimony	A WORLD	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	_X_None	
	pending	Personal Marketine	
9	Participation on a Data	_X_None	E BUSELLE FULL CONTROL OF THE SECOND
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V 11	
10	in other board, society,	_X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	AL CAREAGO CONTRACTOR MARKET CONTRACTOR CONT
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_X_None	
	financial interests		
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None		1	

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