

# ICMJE DISCLOSURE FORM

Date: Feb 25<sup>th</sup>, 2020

Your Name: Zhi-qiang Ouyang

Manuscript Title: Contrast enhanced MRI-based radiomics nomogram for preoperatively predicting expression status of Ki-67 in meningioma: A two-center study

Manuscript number (if known): QIMS-22-689

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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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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# ICMJE DISCLOSURE FORM

Date: Feb 25<sup>th</sup>, 2020

Your Name: Shao-nan He

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# ICMJE DISCLOSURE FORM

Date: Feb 25<sup>th</sup>, 2020

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Manuscript Title: Contrast enhanced MRI-based radiomics nomogram for preoperatively predicting expression status of Ki-67 in meningioma: A two-center study

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Date: Feb 25<sup>th</sup>, 2020

Your Name: Yun Zhu

Manuscript Title: Contrast enhanced MRI-based radiomics nomogram for preoperatively predicting expression status of Ki-67 in meningioma: A two-center study

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Date: Feb 25<sup>th</sup>, 2020

Your Name: Bing-bing Ling

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Date: Feb 25<sup>th</sup>, 2020

Your Name: Xue-jin Sun

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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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Please summarize the above conflict of interest in the following box:

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.

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

☒ X 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: Feb 25<sup>th</sup>, 2020

Your Name: Bo He

Manuscript Title: Contrast enhanced MRI-based radiomics nomogram for preoperatively predicting expression status of Ki-67 in meningioma: A two-center study

Manuscript number (if known): QIMS-22-689

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 current manuscript only.

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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) |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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# ICMJE DISCLOSURE FORM

Date: Feb 25<sup>th</sup>, 2020

Your Name: Dan Han

Manuscript Title: Contrast enhanced MRI-based radiomics nomogram for preoperatively predicting expression status of Ki-67 in meningioma: A two-center study

Manuscript number (if known): QIMS-22-689

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# ICMJE DISCLOSURE FORM

Date: Feb 25<sup>th</sup>, 2020

Your Name: Yi Lu

Manuscript Title: Contrast enhanced MRI-based radiomics nomogram for preoperatively predicting expression status of Ki-67 in meningioma: A two-center study

Manuscript number (if known): QIMS-22-689

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