

ICMJE DISCLOSURE FORM

Date: _____ Dec. 10th, 2022 _____

Your Name: _____ Qiao Li _____

Manuscript Title: Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16 Status with Oropharyngeal Squamous Cell Carcinoma

Manuscript number (if known): _____ QIMS-22-819 _____

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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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.

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

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

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:

Qiao Li 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: _____ Dec. 10th, 2022 _____

Your Name: _____ Tingting Xu _____

Manuscript Title: __ Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16 Status with Oropharyngeal Squamous Cell Carcinoma __

Manuscript number (if known): _____ QIMS-22-819 _____

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3	Royalties or licenses	Tingting Xu None	
4	Consulting fees	Tingting Xu None	
5	Payment or honoraria for	Tingting Xu None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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11	Stock or stock options	Tingting Xu None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Tingting Xu None	
13	Other financial or non-financial interests	Tingting Xu None	

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:

Tingting Xu 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: _____ Dec. 10th, 2022 _____

Your Name: _____ Jing Gong _____

Manuscript Title: __ Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16 Status with Oropharyngeal Squamous Cell Carcinoma __

Manuscript number (if known): _____ QIMS-22-819 _____

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4	Consulting fees	Jing Gong None	
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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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7	Support for attending meetings and/or travel	Jing Gong None	
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None

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

Jing Gong 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: _____ Dec. 10th, 2022 _____

Your Name: _____ Shiyu Xiang _____

Manuscript Title: __ Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16 Status with Oropharyngeal Squamous Cell Carcinoma __

Manuscript number (if known): _____ QIMS-22-819 _____

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

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

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:

Shiyu Xiang 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: _____ Dec. 10th, 2022 _____

Your Name: _____ Chunying Shen _____

Manuscript Title: __ Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16 Status with Oropharyngeal Squamous Cell Carcinoma __

Manuscript number (if known): _____ QIMS-22-819 _____

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

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	Chunying Shen None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chunying Shen None	
11	Stock or stock options	Chunying Shen None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Chunying Shen None	
13	Other financial or non-financial interests	Chunying Shen None	

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None

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

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Date: _____ Dec. 10th, 2022 _____

Your Name: _____ Xin Zhou _____

Manuscript Title: __ Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16 Status with Oropharyngeal Squamous Cell Carcinoma __

Manuscript number (if known): _____ QIMS-22-819 _____

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None

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Xin Zhou 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: _____ Dec. 10th, 2022 _____

Your Name: _____ Chaosu Hu _____

Manuscript Title: __ Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16 Status with Oropharyngeal Squamous Cell Carcinoma __

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chaosu Hu None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Chaosu Hu None	
13	Other financial or non-financial interests	Chaosu Hu None	

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None

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

Chaosu Hu 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: _____ Dec. 10th, 2022 _____

Your Name: _____ Bin Wu _____

Manuscript Title: __ Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16

Status with Oropharyngeal Squamous Cell Carcinoma _____

Manuscript number (if known): _____ QIMS-22-819 _____

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None

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Bin Wu 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: _____ Dec. 10th, 2022 _____

Your Name: _____ Xueguan Lu _____

Manuscript Title: __ Applying Multi-sequence MRI Radiomics of Tumor and Lymph Node to Predict HPV-Related p16 Status with Oropharyngeal Squamous Cell Carcinoma __

Manuscript number (if known): _____ QIMS-22-819 _____

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