

ICMJE DISCLOSURE FORM

Date: Feb. 16th, 2023

Your Name: Lili Xu

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

Manuscript number (if known): QIMS-22-1068-R2

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.

The author's relationships/activities/interests should be defined broadly. 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, 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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> 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:

☒ 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. 16th, 2023

Your Name: Gumuyang Zhang

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

Manuscript number (if known): QIMS-22-1068-R2

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ICMJE DISCLOSURE FORM

Date: Feb. 16th, 2023

Your Name: Daming Zhang

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

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ICMJE DISCLOSURE FORM

Date: Feb. 16th, 2023

Your Name: Jiahui Zhang

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

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ICMJE DISCLOSURE FORM

Date: Feb. 16th, 2023

Your Name: Xiaoxiao Zhang

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

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ICMJE DISCLOSURE FORM

Date: Feb. 16th, 2023

Your Name: Xin Bai

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

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ICMJE DISCLOSURE FORM

Date: Feb. 16th, 2023

Your Name: Li Chen

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

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Date: Feb. 16th, 2023

Your Name: Ru Jin

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Your Name: Mao Li

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13	Other financial or non-financial interests	Employee of Deepwise Healthcare	Not related to the current study.

Please summarize the above conflict of interest in the following box:

The author is an employee of Deepwise Healthcare, which is not related to the current study.

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Date: Feb. 16th, 2023

Your Name: Xiuli Li

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Time frame: past 36 months			
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3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	Employee of Deepwise Healthcare	Not related to the current study.

Please summarize the above conflict of interest in the following box:

The author is an employee of Deepwise Healthcare, which is not related to the current study.

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. 16th, 2023

Your Name: Hao Sun

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

Manuscript number (if known): QIMS-22-1068-R2

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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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:

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ICMJE DISCLOSURE FORM

Date: Feb. 16th, 2023

Your Name: Zhengyu Jin

Manuscript Title: Development and acceptability validation of a deep learning-based tool for whole prostate segmentation on mpMRI: a multicenter study

Manuscript number (if known): QIMS-22-1068-R2

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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