Date:20	22/9/7
Your Name:_	Suping Guo
Manuscript T	itle: Added Value of Ultrasound Radiomic Features of Peritumoral and Parenchymal Regions for the
Diagnosis of	Breast Cancer
Manuscript r	umber (if known):

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>.

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

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

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

Date:2022/9	)/7
Your Name:	Xingzhi Huang
Manuscript Title:	Added Value of Ultrasound Radiomic Features of Peritumoral and Parenchymal Regions for the
<b>Diagnosis of Brea</b>	st Cancer
Manuscript num	per (if known):

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Б	testimony	None	
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13	Other financial or non- financial interests	None	

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

Date:2022/9	)/7
Your Name:	Chao Xu
Manuscript Title:	Added Value of Ultrasound Radiomic Features of Peritumoral and Parenchymal Regions for the
<b>Diagnosis of Brea</b>	st Cancer
Manuscript num	per (if known):

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4	Consulting fees	None	

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Б	testimony	None	
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Date:	2022/9/7	·
Your Name	e:	_ Yaohui Li
Manuscrip	ot Title:	Added Value of Ultrasound Radiomic Features of Peritumoral and Parenchymal Regions for the
Diagnosis	of Breast	Cancer
Manuscrip	ot numbe	r (if known):

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13	Other financial or non- financial interests	None	

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

Date:2	022/9/7
Your Name	Zhenghua Wu
Manuscript	Title: Added Value of Ultrasound Radiomic Features of Peritumoral and Parenchymal Regions for the
Diagnosis o	f Breast Cancer
Manuscript	number (if known):

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Date:	2022/9/7	
Your Nam	e:	Aiyun Zhou
Manuscrip	ot Title:	Added Value of Ultrasound Radiomic Features of Peritumoral and Parenchymal Regions for the
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Manuscrip	ot number	(if known):

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Your Nam	e:	Pan Xu
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