

ICMJE DISCLOSURE FORM

Date: 1/18/2023

Your Name: [Yiduo Xu]

Manuscript Title: [18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study]

Manuscript Number (if known): QJMS-22-1174

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 1/18/2023

Your Name: [Bing Wang]

Manuscript Title: [18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study]

Manuscript Number (if known): QJMS-22-1174

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ICMJE DISCLOSURE FORM

Date: 1/18/2023

Your Name: [Feifei Zhang]

Manuscript Title: [18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study]

Manuscript Number (if known): QJMS-22-1174

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Date: 1/18/2023

Your Name: [Min Wu]

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Date: 1/18/2023

Your Name: [Dongyan Wang]

Manuscript Title: [18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study]

Manuscript Number (if known): QJMS-22-1174

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 1/18/2023

Your Name: [Xiaoliang Shao]

Manuscript Title: [18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study]

Manuscript Number (if known): QJMS-22-1174

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 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.

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ICMJE DISCLOSURE FORM

Date: 1/18/2023

Your Name: [XiaonanShao]

Manuscript Title: [18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study]

Manuscript Number (if known): QJMS-22-1174

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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ICMJE DISCLOSURE FORM

Date: 1/18/2023

Your Name: [Jianfeng Wang]

Manuscript Title: [18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study]

Manuscript Number (if known): QJMS-22-1174

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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ICMJE DISCLOSURE FORM

Date: 1/18/2023

Your Name: Wenji Yu

Manuscript Title: 18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study

Manuscript Number (if known): QIMS-22-1174

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ICMJJE DISCLOSURE FORM

Date: 1/18/2023

Your Name: Yunmei Shi

Manuscript Title: 18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study

Manuscript Number (if known): QIMS-22-1174

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 543 1507 678"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 774 1507 873"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1110 1507 1209"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1329 1507 1428"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1547 1507 1646"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1766 1507 1864"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 1/18/2023

Your Name: Wenji Yu

Manuscript Title: 18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study

Manuscript Number (if known): QIMS-22-1174

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 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.

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ICMJE DISCLOSURE FORM

Date: 1/18/2023

Your Name: Yuetao Wang

Manuscript Title: 18F-FDG PET/CT for the prediction of mortality in dermatomyositis patients without malignant tumor: a pilot study

Manuscript Number (if known): QIMS-22-1174

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1331 1507 1430"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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