Date:	Feb. 4 th , 2023	
Your Name:	e:Ying Duan	
Manuscript	t Title:_A comparative study of pathological response evaluation systems after neoadjuvant chemotherap	Эy
for breast c	cancer: Developing predictive models of multimodal ultrasound features including shear-wave elastograp	hy
combined v	with puncture pathology	
Manuscript	t number (if known):QIMS-22-910	

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
_		<u> </u>		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:			

None.		

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

Date:Feb. 4 th , 2023
Your Name:Xuemei Song
Manuscript Title:_A comparative study of pathological response evaluation systems after neoadjuvant chemotherapy
for breast cancer: Developing predictive models of multimodal ultrasound features including shear-wave elastography
combined with puncture pathology
Manuscript number (if known):QIMS-22-910

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
_		<u> </u>		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:			

None.		

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

Date:	Feb. 3 th , 2023	
Your Name	ne:Ling Guan	
Manuscrip	pt Title:_A comparative study of patl	nological response evaluation systems after neoadjuvant chemotherapy
for breast	t cancer: Developing predictive mode	els of multimodal ultrasound features including shear-wave elastography
combined	d with puncture pathology	
Manuscrip	pt number (if known):QIMS-22	-910
•		

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_		<u> </u>	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above co	onflict of interest in the	following box:

None.		

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

Date:	_Feb. 3 th , 2023
Your Name:	:Weili Wang
Manuscript	: Title:_A comparative study of pathological response evaluation systems after neoadjuvant chemotherapy
for breast c	ancer: Developing predictive models of multimodal ultrasound features including shear-wave elastography
combined w	vith puncture pathology
Manuscript	number (if known):QIMS-22-910
•	

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_		<u> </u>	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above co	onflict of interest in the	following box:

None.		

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

Date:	_Feb. 4 th , 2023
Your Name	:Bo Song
	: Title:_A comparative study of pathological response evaluation systems after neoadjuvant chemotherap
for breast o	ancer: Developing predictive models of multimodal ultrasound features including shear-wave elastograph
combined v	with puncture pathology
Manuscript	: number (if known):QIMS-22-910

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_		<u> </u>	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above co	onflict of interest in the	following box:

None.		

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

Date:	_Feb. 4 th , 2023	
Your Nan	Yaqiong Kang	
Manuscri	Title:_A comparative study of pathological response evaluation systems after neoadjuvant chemothera	ру
	ancer: Developing predictive models of multimodal ultrasound features including shear-wave elastogra vith puncture pathology	phy
Manuscri	number (if known):QIMS-22-910	
In the int	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are	

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
_		<u> </u>		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:			

None.		

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

Date:	_Feb. 3 th , 2023
Your Name	:Yingying Jia
Manuscript	Title:_A comparative study of pathological response evaluation systems after neoadjuvant chemotherapy
for breast c	ancer: Developing predictive models of multimodal ultrasound features including shear-wave elastography
combined v	vith puncture pathology
Manuscript	number (if known): QIMS-22-910
•	. , ,

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		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.	_ XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_ XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
_		<u> </u>		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:			

None.		

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

	Feb. 4 th , 2023
Your Nan	ne:Yangyang Zhu
Manuscri	pt Title:_A comparative study of pathological response evaluation systems after neoadjuvant chemotherapy
	t cancer: Developing predictive models of multimodal ultrasound features including shear-wave elastography I with puncture pathology
Manuscri	pt number (if known):QIMS-22-910
	erest of transparency, we ask you to disclose all relationships/activities/interests listed below that are the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
42	services	V Nove	
13	Other financial or non- financial interests	XNone	
	imanciai interests		
Ple	ease summarize the above o	onflict of interest in the	following box:
	••		
	None.		

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

Date:	Feb. 3 th , 2023				
Your Name	e:Fang Nie				
Manuscrip	ot Title:_A comparative	study of pathological	response evaluation	systems after neoad	ljuvant chemotherapy
for breast	cancer: Developing pre	dictive models of mul	ltimodal ultrasound	features including sh	ear-wave elastography
combined	with puncture patholo	gy			
Manuscrip	ot number (if known):	QIMS-22-910			

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_		<u> </u>	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above co	onflict of interest in the	following box:

None.		

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