

## ICMJE DISCLOSURE FORM

Date: Feb.14<sup>th</sup>,2023  
 Your Name: Gang Zhang  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (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 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Received funding from the National Natural Science Foundation of China (No. 82160125 to Z.C.H and No. 82160347 to J.F.H)	
		Received funding from the Joint Special Funds for the Department of Science and Technology of Yunnan Province Kunming Medical University (No. 202201AY070001-168,170,136,041,160.202001AY070001-195)	
		Received funding from the Yunnan Provincial Department of Education Science Research Fund Project (Nos. 2020J0197, 2022J0235 and 2019EF001 (-236)	
		Received funding from the Science and Technology Innovation Team of Diagnosis and Treatment for Glucolipid Metabolic Diseases in Kunming Medical University (No. CXTD202106)	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert 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	

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**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.14<sup>th</sup>,2023  
 Your Name: Li Zhu  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Feb.14<sup>th</sup>,2023  
 Your Name: Rong Huang  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Feb.14<sup>th</sup>,2023  
 Your Name: Yushan Xu  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Feb.14<sup>th</sup>,2023  
 Your Name: Xiaokai Lu  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Feb.14<sup>th</sup>,2023  
 Your Name: Yumei Chen  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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Date: Feb.14<sup>th</sup>,2023  
 Your Name: Yujie Lei  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
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Date: Feb.14<sup>th</sup>,2023  
 Your Name: Xiaomao Luo  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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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.

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<b>Time frame: Since the initial planning of the work</b>			
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		Received funding from the Joint Special Funds for the Department of Science and Technology of Yunnan Province Kunming Medical University (No. 202201AY070001-168,170,136,041,160.202001AY070001-195)	
		Received funding from the Yunnan Provincial Department of Education Science Research Fund Project (Nos. 2020J0197, 2022J0235 and 2019EF001 (-236)	
		Received funding from the Science and Technology Innovation Team of Diagnosis and Treatment for Glucolipid Metabolic Diseases in Kunming Medical University (No. CXTD202106)	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert 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 summarize the above conflict of interest in the following box:**

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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: Feb.14<sup>th</sup>,2023  
 Your Name: Zhiyao Li  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Feb.14<sup>th</sup>,2023  
 Your Name: Sanli Yi  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Feb.14<sup>th</sup>,2023  
 Your Name: Jianfeng He  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Feb.14<sup>th</sup>,2023  
 Your Name: Chenhong Zheng  
 Manuscript Title: Deep learning for differential diagnosis of benign from malignant salivary gland tumors based on ultrasound imaging and clinical data  
 Manuscript number (if known): \_\_\_\_\_

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