

## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Hongtao Ji\_

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 |  |
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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: Mar. 11<sup>th</sup>, 2023

Your Name: Qiang Zhu

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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Date: Mar. 11<sup>th</sup>, 2023

Your Name: Teng Ma

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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**ICMJJE DISCLOSURE FORM**

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Yun Cheng

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Shuai Zhou

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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Date: Mar. 11<sup>th</sup>, 2023

Your Name: Wei Ren

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

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Date: Mar. 11<sup>th</sup>, 2023

Your Name: Huilian Huang

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

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Date: Mar. 11<sup>th</sup>, 2023

Your Name: Wen He

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 summarize the above conflict of interest in the following box:

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: Mar. 11<sup>th</sup>, 2023

Your Name: Haitao Ran

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> 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: Mar. 11<sup>th</sup>, 2023

Your Name: Litao Ruan

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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| 4   | Consulting fees  | __X__ None   |   |

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Yanli Guo

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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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: Mar. 11<sup>th</sup>, 2023

Your Name: Jiawei Tian

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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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:

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: Mar. 11<sup>th</sup>, 2023

Your Name: Wu Chen

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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None.

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Luzeng Chen

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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None.

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Zhiyuan Wang

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Qi Zhou

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 summarize the above conflict of interest in the following box:

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: Mar. 11<sup>th</sup>, 2023

Your Name: Lijuan Niu

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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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|   |  | 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) |
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| <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.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | __X__ None   |   |
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| 3   | Royalties or licenses  | __X__ None   |   |
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| 4   | Consulting fees  | __X__ None   |   |

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| 13 | Other financial or non-financial interests   | <input checked="" 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:

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: Mar. 11<sup>th</sup>, 2023

Your Name: Wei Zhang

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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| 4   | Consulting fees  | __X__ None   |   |

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

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Ruimin Yang

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Qin Chen

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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| 13 | Other financial or non-financial interests   | <input checked="" 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:

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: Mar. 11<sup>th</sup>, 2023

Your Name: Ruifang Zhang

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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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| 4   | Consulting fees  | __X__ None   |   |

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

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

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: Mar. 11<sup>th</sup>, 2023

Your Name: Hui Wang

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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

None.

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Li Li

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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None.

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## ICMJE DISCLOSURE FORM

Date: Mar. 11<sup>th</sup>, 2023

Your Name: Minghui Liu

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 summarize the above conflict of interest in the following box:

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: Mar. 11<sup>th</sup>, 2023

Your Name: Fang Nie

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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) |
|---|--|--|---|
| <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.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | __X__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | __X__ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | __X__ None   |   |

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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:**

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: Mar. 11<sup>th</sup>, 2023

Your Name: Aiyun Zhou

Manuscript Title: The Development and Validation of a Transformer-Based CAD Model for Improving the Consistency of BIRADS Categories 3–5 Nodules’ Classification among Radiologists: A Multiple Center Study

Manuscript number (if known): QIMS-22-1091

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