## ICMJE DISCLOSURE FORM

Date:Nov.26",2022
Your Name: Peipei Chen(1)
Manuscript Title: <u>Dynamic contrast-enhanced Magnetic resonance imaging features and</u>
apparent diffusion coefficient value of HER2-positive/HR-negative breast carcinoma
Manuscript number (if known):QIMS-22-1318

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X_None	

	in item #1 above).		
3	Royalties or licenses	XNone	
4		\/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attending	XNone	
/	Support for attending meetings and or travel	^_NOTIE	
	meetings and/or traver		
8	Patents planned, issued	XNone	
O	or pending	XNONE	
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role 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		
13	services 3 Other financial or non-	XNone	
13	financial interests		
PΙθ	ease summarize the abo	ve conflict of interest in	n the following box:
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	None.		

None.			

Please place an "X" next to the following statement to indicate your agreement:					
	X_I certify that I have answered every question and have not altered the wording of any of the questions on this form.				
		IC MJ E	DISCLOSURE FORM		
Yо. Ма <u>ар</u> ј	Date:Nov.26 <sup>th</sup> ,2022 Your Name:Suhong Zhao ② Manuscript Title: <u>Dynamic contrast-enhanced Magnetic resonance imaging features and apparent diffusion coefficient value of HER2-positive/HR-negative breast carcinoma Manuscript number (if known):QIMS-22-1318</u>				
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to 1			eclare all relationships with manufacturers of on is not mentioned in the manuscript.		
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		relationship or indicate none (add rows as needed)	institution)		
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	study materials, medical writing, article processing charges, etc.) No time limit for this		
	item.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
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4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
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7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
7	Safety Monitoring Board	XNONE	
	or Advisory Board		
10	Leadership or fiduciary	X None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid	V None	
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.
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Date:Nov.26 <sup>th</sup> ,2022 Your Name:Weihua Guo <b>③</b>
Manuscript Title: <u>Dynamic contrast-enhanced Magnetic resonance imaging features and apparent diffusion coefficient value of HER2-positive/HR-negative breast carcinoma</u> Manuscript number (if known):QIMS-22-1318
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4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	X None	
8	or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary	X_None	
	role 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			
PΙ	ease summarize the abo	ve conflict of interest ir	the following box:	
	None.			
	None.			
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qu	form.			
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Date: \_\_\_Nov.26<sup>th</sup>,2022\_\_\_ Your Name: \_\_\_\_ <u>Guangrui Shao ()</u> Manuscript Title: <u>Dynamic contrast-enhanced Magnetic resonance imaging features and apparent diffusion coefficient value of HER2-positive/HR-negative breast carcinoma Manuscript number (if known): \_\_\_ QIMS-22-1318\_\_\_</u>

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8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				
	None.				
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