Date:May. 20 th , Your Name:Hong	
0.	Dynamic ⁶⁸ Ga-DOTA ⁰ -Tyr ³ -Octreotate positron emission tomography/computed
tomography for the e	evaluation of pancreatic neuroendocrine tumors: a pilot study
Manuscript number	(if known):QIMS-22-998-R2
In the interest of trar	nsparency, we ask you to disclose all relationships/activities/interests listed below
	nt of your manuscript. "Related" means any relation with for-profit or not-for-profit
parties whose intere commitment	sts may be affected by the content of the manuscript. Disclosure represents a
to transparency and	does not necessarily indicate a bias. If you are in doubt about whether to list a

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 <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.

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.

relationship/activity/interest, it is preferable that you do so.

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and for travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	O ther financial or non- financial interests	XNone

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.

4.
Date:May. 20 th , 2023
Your Name: Guobing Liu
Manuscript Title: Dynamic *Ga-DOTA*-Tyr*-Octreotate positron emission tomography/computed
tomography for the evaluation of pancreatic neuroendocrine tumors: a pilot study
Manuscript number (if known):QIMS-22-998-R2
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are
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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 <u>defined broadly</u> . For example, if your manuscrip 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 Specifications/Comments
whom you have this (e.g., if payments were made to you or to your
relationship or indicate institution)
none (add rows as
needed) Time frame: Since the initial planning of the work

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charges, etc.)
No time limit for this

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing __X__None

	Time frame: past 36 months				
2	Grants or contracts from	XNone			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			
i	Consuming lees				
5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X_None			
	testimony				
7	Support for attending	XNone			
	meetings and for travel				
8	Patents planned, issued	XNone			
0	or pending				
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,	X_None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	XNone			
13	financial interests				

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.

Date:May. 20 th , 2023_			
Your Name: Hui Tan			
Manuscript Title: Dyr	namic ⁶⁸ Ga–DOTA ⁰ –Tyr³–	Octreotate positron emission tomography/com	nputed
tomography for the evalua	tion of pancreatic neuro	endocrine tumors: a pilot study	
Manuscript number (if kno	own):QIMS-22-998-R2	2	
In the interest of transpare that are	ency, we ask you to disc	lose all relationships/activities/interests listed	l below
	our manuscript. "Relate	d" means any relation with for-profit or not-fo	r-profit
parties whose interests m commitment	ay be affected by the co	ntent of the manuscript. Disclosure represent	s a
to transparency and does relationship/activity/intere	3	a bias. If you are in doubt about whether to liou do so.	ista
The following questions ap current manuscript only.	oply to the author's rela	tionships/activities/interests as they relate to	the
The author's relationships pertains	/activities/interests sho	uld be <u>defined broadly</u> . For example, if your m	anuscrip
to the epidemiology of hyp		eclare all relationships with manufacturers of on is not mentioned in the manuscript.	
other items,		eported in this manuscript without time limit.	For all
the time frame for disclose	ure is the past 36 month	S.	
	Name all entities with	Specifications/Comments	1
	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	

	Ti	whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	(e.g., if payments were made to you or to your institution) I 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	XNone			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			
i	Consuming lees				
5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X_None			
	testimony				
7	Support for attending	XNone			
	meetings and for travel				
8	Patents planned, issued	XNone			
0	or pending				
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,	X_None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	XNone			
13	financial interests				

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.

Date:May. 20 th , 2023 Your Name: Dai Shi		
Manuscript Title: Dynamic ⁶⁸ Ga-DOTA ⁰ - Tyr ³ - O	ctreotate positron emission tomography/computed	
tomography for the evaluation of pancreatic neuroer	ndocrine tumors: a pilot study	
Manuscript number (if known):QIMS-22-998-R2_		
In the interest of transparency, we ask you to disclothat are	ose all relationships/activities/interests listed below	
	means any relation with for-profit or not-for-profit	
parties whose interests may be affected by the concommitment	tent of the manuscript. Disclosure represents a	
to transparency and does not necessarily indicate a relationship/activity/interest, it is preferable that yo		
The following questions apply to the author's relation current manuscript only.	onships/activities/interests as they relate to the	
The author's relationships/activities/interests shoul pertains to the epidemiology of hypertension, you should de antihypertensive medication, even if that medication		
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.		
whom you have this	Specifications/Comments (e.g., if payments were made to you or to your nstitution)	
Time frame: Since the initial p	planning of the work	

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charges, etc.)
No time limit for this

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing __X__None

	Time frame: past 36 months		
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
i	Consuming lees		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and for travel		
8	Patents planned, issued	XNone	
0	or pending		
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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
13	financial interests		

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.

Date:May. 20 th , 2023_			
Your Name: Dengfeng			
Manuscript Title: Dy	namic [®] Ga–DOTA⁰–Tyr³–	Octreotate positron emission tomography/com	puted
tomography for the evalua	tion of pancreatic neuro	endocrine tumors: a pilot study	
Manuscript number (if kno	own):QIMS-22-998-R2	2	
In the interest of transpare that are	ency, we ask you to disc	lose all relationships/activities/interests listed	below
related to the content of y third	our manuscript. "Relate	d" means any relation with for-profit or not-for	^-profit
	ay be affected by the co	ntent of the manuscript. Disclosure represents	s a
		a bias. If you are in doubt about whether to li ou do so.	sta
The following questions a <u>current</u> <u>manuscript only</u> .	oply to the author's rela	tionships/activities/interests as they relate to t	:he
The author's relationships pertains	/activities/interests sho	uld be <u>defined broadly</u> . For example, if your ma	anuscript
to the epidemiology of hyp		eclare all relationships with manufacturers of on is not mentioned in the manuscript.	
In item #1 below, report a other items, the time frame for disclos	, ,	eported in this manuscript without time limit. F	⁻ or all
	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)	

Time frame: Since the initial planning of the work

__X__None

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charges, etc.)

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No time limit for this

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

	Time frame: past 36 months		
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
i	Consuming lees		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and for travel		
8	Patents planned, issued	XNone	
0	or pending		
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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
13	financial interests		

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.

Date:May. 20 th , 2023 Your Name: Haojun Yu		
Manuscript Title: Dynamic ⁶⁸ Ga-DOTA Octreotate positron emission tomography/computed		
tomography for the evaluation of pancreatic neuroendocrine tumors: a pilot study		
Manuscript number (if known):QIMS-22-998-R2		
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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.		
Nome all antition with Chariff actions (Common to		
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		

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charges, etc.)
No time limit for this

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing __X__None

	Time frame: past 36 months		
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
i	Consuming lees		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and for travel		
8	Patents planned, issued	XNone	
0	or pending		
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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
13	financial interests		

None.

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

Data: May 20th 2022			
Date:May. 20 th , 2023 Your Name: Hongcher			
_	_	Octreotate positron emission tomography/com	puted
•	•	endocrine tumors: a pilot study	passa
Manuscript number (if kn			
In the interest of transpar that are	ency, we ask you to disc	lose all relationships/activities/interests listed	below
	our manuscript. "Relate	d" means any relation with for-profit or not-for	-profit
parties whose interests modern commitment	ay be affected by the co	ntent of the manuscript. Disclosure represents	3 a
to transparency and does relationship/activity/inter	3	a bias. If you are in doubt about whether to li ou do so.	sta
The following questions a current manuscript only.	pply to the author's rela	tionships/activities/interests as they relate to t	he
The author's relationship pertains	s/activities/interests sho	uld be <u>defined broadly</u> . For example, if your ma	anuscript
to the epidemiology of hy		eclare all relationships with manufacturers of on is not mentioned in the manuscript.	
In item #1 below, report a other items, the time frame for disclos	• •	eported in this manuscript without time limit. F	or all
	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)	

Time frame: Since the initial planning of the work

__X__None

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

	Time frame: past 36 months				
2	Grants or contracts from	XNone			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			
4	Consulting lees				
5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X_None			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	meetings and/or traver				
8	Patents planned, issued	XNone			
	or pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board				
10	or Advisory Board	X None			
10	Leadership or fiduciary role in other board,	XNone			
	society, committee or				
	advocacy group, paid or				
	unpaid				
11	Stock or stock options	XNone			
10	Description of the second	V. Alexandra			
12	Receipt of equipment,	X_None			
	materials, drugs, medical writing, gifts or other services				
13	Other financial or non-	XNone			
	financial interests				

None.

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