Date: <u>June 30th 2022</u> Your Name: <u>Yan Li</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	

-	Dayment or honoraria for	V None	
	Payment or honoraria for ectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	V. None	
)		XNone	
	testimony		
_			
7	Support for attending	XNone	
	meetings and/or travel		
3	Patents planned, issued or	X None	
	pending		
	. •		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
.5	financial interests		
	illialiciai liiterests		
DI.		andlist of interest in the fe	Uarriag harr
Pie	ase summarize the above o	onflict of interest in the fo	llowing box:
	N.Y.		
-	None.		
D,		a fallando a atoto con esta to	disale company and
Ple	ase place an "X" next to the	e tollowing statement to in	dicate your agreement:
>	K_{L}^{L} I certify that I have answ	vered every question and h	nave not altered the wording of any of the questions or

Date: <u>June 30th 2022</u> Your Name: <u>Zhenlu Yang</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.	the National Natural Science Foundation of China (No. 82001892)	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	

4	Consulting fees	XNone		
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 meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
	B			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role	X None		
10	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			
Ple	Please summarize the above conflict of interest in the following box:			

The author receives financial supports from the National Natural Science Foundation of China (No. 82001892).

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 thi form.	is

Date: <u>June 30th 2022</u> Your Name: <u>Wenzhi Lv</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All suggest for the care	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time from a real	26 martha
•		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
	, a		
4	Consulting fees	XNone	

1			
-	December of beneverie for	V. Nene	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	V. None	
)		XNone	
	testimony		
	6		
'	Support for attending	XNone	
	meetings and/or travel		
3	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
.2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
1			
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
	None.		
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:
,	K I certify that I have answ	vered every question and h	ave not altered the wording of any of the questions or

Date: <u>June 30th 2022</u> Your Name: <u>Yanjin Qin</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.	the National Natural Science Foundation of China (Nos. 82001892, 82272109)	
		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	XNone	
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or 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	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
14	materials, drugs, medical writing, gifts or other	^_NUITE	
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	following box:

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: <u>June 30th 2022</u> Your Name: <u>Caili Tang</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	

1			
-	December of beneverie for	V. Nene	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	V. None	
)		XNone	
	testimony		
	6		
'	Support for attending	XNone	
	meetings and/or travel		
3	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
.2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
1			
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
	None.		
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:
,	K I certify that I have answ	vered every question and h	ave not altered the wording of any of the questions or

Date: <u>June 30th 2022</u> Your Name: <u>Xu Yan</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	

1			
-	December of beneverie for	V. Nene	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	V. None	
)		XNone	
	testimony		
	6		
'	Support for attending	XNone	
	meetings and/or travel		
3	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
.2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
1			
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
	None.		
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:
,	K I certify that I have answ	vered every question and h	ave not altered the wording of any of the questions or

Date: <u>June 30th 2022</u> Your Name: <u>Ting Yin</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All suggest for the care	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time from a real	26 martha
•		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
	, aeo or meerioeo		
4	Consulting fees	XNone	

1			
-	December of beneverie for	V. Nene	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	V. None	
)		XNone	
	testimony		
	6		
'	Support for attending	XNone	
	meetings and/or travel		
3	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
.2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
1			
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
	None.		
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:
,	K I certify that I have answ	vered every question and h	ave not altered the wording of any of the questions or

Date: <u>June 30th 2022</u> Your Name: <u>Tao Ai</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	

1			
-	December of beneverie for	V. Nene	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	V. None	
)		XNone	
	testimony		
	6		
'	Support for attending	XNone	
	meetings and/or travel		
3	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
.2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
1			
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
	None.		
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:
,	K I certify that I have answ	vered every question and h	ave not altered the wording of any of the questions or

Date: <u>June 30th 2022</u> Your Name: <u>Liming Xia</u>

Manuscript Title: Role of Clinical-Radiomics Combined Model Based on Contrast-Enhanced MRI in Predicting the

Malignancy of Non-mass-enhancement Breast Lesions Without Additional DWI sequence

Manuscript number (if known): QIMS-22-1199-R2

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.	the National Natural Science Foundation of China (No. 82272109)	
		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	V N	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	V None	
'	meetings and/or travel	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X_None	
	pending		
0	Double in the control of the	V Name	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNOTIE	
	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		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	ontlict of interest in the	tollowing box:

The author receives financial supports from the National Natural Science Foundation of China (No. 82272109).	l

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 thi form.	is