FORM

Date: _2023/01/29_

Your Name: Hui Wang

Manuscript Title: Quantitative evaluation of the Kaiser score applied on the diagnosis of breast DCE-MRI

in patients with high-grade background parenchymal enhancement

Manuscript number (if known): **QIMS-23-113**

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		Time frame: past	36 months
2	Grants or contracts from	X None	

	any entity (if not indicated	
	in item #1 above).	
3	Royalties or licenses	X None
4	Consulting fees	V None
4	Consularly rees	X None
5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	X None
	testimony	
7	Support for attending	X None
	meetings and for travel	
8	Patents planned, issued	X None
	or pending	A None
9	Participation on a Data	X _None
	Safety Monitoring Board	
10	or Advisory Board	W
10	Leadership or fiduciary role in other board,	X None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	X _None
12	Receipt of equipment,	X None
-	materials, drugs, medical	A NOTE
	writing, gifts or other	
4.0	services	M. I.
13	Other financial or non- financial interests	X None

The author has no conflict of interest to disclosure.

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form.

ICMJE DISCLOSURE FORM

Date: <u>2023/01/29</u>

Your Name: Ling Gao

Manuscript Title: Quantitative evaluation of the Kaiser score applied on the diagnosis of breast DCE-MRI in patients with high-grade background parenchymal enhancement

Manuscript number (if known): OIMS-23-113

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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
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	X None
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X _None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None
11	Stock or stock options	X _None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None
13	Other financial or non-	X None

financial interests	

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ICMJE DISCLOSURE FORM

Date: 2023/01/29

Your Name: Xu Chen

Manuscript Title: Quantitative evaluation of the Kaiser score applied on the diagnosis of breast DCE-MRI

in patients with high-grade background parenchymal enhancement

Manuscript number (if known): **QIMS-23-113**

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11	S tock or stock options	X _None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

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ICMJE DISCLOSURE FORM

Date: _	2023/01/29
Your N	lame: <u>Shouju</u>
Wang_	

Manuscript Title: <u>Quantitative evaluation of the Kaiser score applied on the diagnosis of breast DCE-MRI in patients with high-grade background parenchymal enhancement</u>

Manuscript number (if known): **QIMS-23-113**

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		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
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7	Support for attending	X None	
	meetings and/or travel	7. 140110	
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	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X _None	
12	materials, drugs, medical writing, gifts or other	X None	
	services		
13	Other financial or non-	X None	
	financial interests		

This study was supported by the National Natural Science Foundation of China (Nos. 82022034 and 81871420) and Jiangsu Province Natural Science Foundation of China (No. BK20200032).

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