

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**

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)
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.	X None	
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	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-financial interests	X None	

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

The author has no conflict of interest to disclosure.

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: 2023/01/29

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

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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
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ICMJE DISCLOSURE FORM

Date: 2023/01/29
 Your Name: Shouju 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
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Time frame: past 36 months			
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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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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