Date: August 5, 2023 Your Name: Rang Wang

Manuscript Title: Effects of somatostatin analogs on uptake of radiolabeled somatostatin analogs on imaging:

a meta-analysis

Manuscript number (if known): QIMS-23-477

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>.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None 1.National Natural Science Foundation of China (Grant No. 81901776). 2. The Post-Doctor Research Project, West China Hospital, Sichuan University (Grant No. 2023HXBH075).	
2 Crants or contracts from	1	36 months
2 Grants or contracts from	Time frame: past	36 months

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3	Royalties or licenses	XNone	
4	Consulting fees	AMCA	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
8	pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
4.5			
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	

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: August 5, 2023 Your Name: Linlin Guo

Manuscript Title: Effects of somatostatin analogs on uptake of radiolabeled somatostatin analogs on imaging:

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Date: August 5, 2023 Your Name: Lili Pan

Manuscript Title: Effects of somatostatin analogs on uptake of radiolabeled somatostatin analogs on imaging:

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Date: August 5, 2023 Your Name: Rong Tian

Manuscript Title: Effects of somatostatin analogs on uptake of radiolabeled somatostatin analogs on imaging:

a meta-analysis

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Date: August 5, 2023 Your Name: Guohua Shen

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