

ICMJE DISCLOSURE FORM

Date: July 7,2023

Your Name: Nan Xu

Manuscript Title: The Effect of the Tumor Vascular Remodeling and Immune Microenvironment Activation Induced by Radiotherapy: Quantitative Evaluation with Magnetic Resonance/PhotoacousticMR/PA Dual-Modality Imaging

Manuscript Number (if known): QIMS-23-229

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 author's relationships/activities/interests should be defined broadly. 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.

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Your Name: Dan Wu

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Manuscript Number (if known): QIMS-23-229

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Your Name: Jingyan Gao

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Manuscript Number (if known): QIMS-23-229

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Your Name: Huabei Jiang

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Manuscript Number (if known): QIMS-23-229

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 author's relationships/activities/interests should be defined broadly. 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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table>	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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: July 7,2023

Your Name: Shasha Bao

Manuscript Title: The Effect of the Tumor Vascular Remodeling and Immune Microenvironment Activation Induced by Radiotherapy: Quantitative Evaluation with Magnetic Resonance/PhotoacousticMR/PA Dual-Modality Imaging

Manuscript Number (if known): QIMS-23-229

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ICMJE DISCLOSURE FORM

Date: July 7,2023

Your Name: Yueyuan Luo

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Manuscript Number (if known): QIMS-23-229

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ICMJE DISCLOSURE FORM

Date: July 7,2023

Your Name: Qiuyue Zhou

Manuscript Title: The Effect of the Tumor Vascular Remodeling and Immune Microenvironment Activation Induced by Radiotherapy: Quantitative Evaluation with Magnetic Resonance/PhotoacousticMR/PA Dual-Modality Imaging

Manuscript Number (if known): QIMS-23-229

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Date: July 7,2023

Your Name: Chengde Liao

Manuscript Title: The Effect of the Tumor Vascular Remodeling and Immune Microenvironment Activation Induced by Radiotherapy: Quantitative Evaluation with Magnetic Resonance/PhotoacousticMR/PA Dual-Modality Imaging

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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: July 7,2023

Your Name: Jun Yang

Manuscript Title: The Effect of the Tumor Vascular Remodeling and Immune Microenvironment Activation Induced by Radiotherapy: Quantitative Evaluation with Magnetic Resonance/PhotoacousticMR/PA Dual-Modality Imaging

Manuscript Number (if known): QIMS-23-229

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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