Date: 16th Sep. 2023

Your Name: Xiaobin Huang

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	The time initial to this term.		
		Time frame: past	36 months
2	Grants or contracts from	None	
_	any entity (if not indicated	TVOTTE	
	in item #1 above).		
3	Royalties or licenses	None	
_	,		
4	Consulting fees	None	
	_		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
40			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

_Xiaobin Huang__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16th Sep. 2023 Your Name: Yujia Gao

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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	processing charges, etc.)		
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2	Grants or contracts from	None	
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	in item #1 above).		
3	Royalties or licenses	None	
_	,		
4	Consulting fees	None	
	_		

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

None.		

Please place an "X" next to the following statement to indicate your agreement:

_Yujia Gao__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16th Sep. 2023 Your Name: Tong Fu

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.		

Please place an "X" next to the following statement to indicate your agreement:

_Tong Fu__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16th Sep. 2023

Your Name: Tongxing Wang

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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	processing charges, etc.)		
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	The time initial to this term.		
		Time frame: past	36 months
2	Grants or contracts from	None	
_	any entity (if not indicated	TVOTTE	
	in item #1 above).		
3	Royalties or licenses	None	
_	,		
4	Consulting fees	None	
	_		

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

None.		

Please place an "X" next to the following statement to indicate your agreement:

_Tongxing Wang __ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16th Sep. 2023 Your Name: Jun Ren

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.		

Please place an "X" next to the following statement to indicate your agreement:

Jun Run I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16th Sep. 2023 Your Name: Di Zhang

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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

None.	

Please place an "X" next to the following statement to indicate your agreement:

_Di Zhang__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16th Sep. 2023 Your Name: Lindong Liu

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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

None.		

Please place an "X" next to the following statement to indicate your agreement:

_Lindong Liu__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 16th Sep. 2023

Your Name: Shuangqing Deng

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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6	Payment for expert	None	
	testimony		
-	6		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
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	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of anythers and	Nana	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

_Shuangqing Deng__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 11th Sep. 2023 Your Name: Xindao Yin

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

menstrual related migraine without aura
Manuscript number (if known):QIMS-23-838-R1

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

None.			

Please place an "X" next to the following statement to indicate your agreement:

Xindao Yin I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 11th Sep. 2023 Your Name: Xinying Wu

Manuscript Title: Aberrant brain functional hubs and causal effective connectivity in menstrually-related and non-

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Manuscript number (if known):QIMS-23-838-R1

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

None.	

Please place an "X" next to the following statement to indicate your agreement:

_Xinying Wu__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.