

ICMJE DISCLOSURE FORM.1

Date: 2022-9-22

Your Name: Zhi Liu

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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.)	____ None	

No time limit for this item.			
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, speakers bureaus, manuscript writing or educational events	___ None	
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 Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None.

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.

ICMJE DISCLOSURE FORM.2

Date: 2022-9-22

Your Name: Xinyi Xu

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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	Name all entities with	Specifications/Comments
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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Time frame: past 36 months			
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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 educational events	___ None	
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 Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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	

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

None.

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.3

Date: 2022-9-23

Your Name: Wang Zhang

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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3	Royalties or licenses	___ None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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	

	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None.

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.4

Date: 2022-9-23

Your Name: Leiqing Zhang

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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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 educational events	___ None	

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 Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___None	
11	Stock or stock options	___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	___None	

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

None.

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.

ICMJE DISCLOSURE FORM.5

Date: 2022-9-24

Your Name: Ming Wen

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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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, speakers bureaus, manuscript writing or educational events	___ None	
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 Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None.

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.

ICMJE DISCLOSURE FORM.6

Date: 2022-9-22

Your Name: Juexi Gao

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None.

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X 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.7

Date: 2022-9-22

Your Name: Jun Yang

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	

11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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None.

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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.8

Date: 2022-9-23

Your Name: Yu ba Kan

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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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 Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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None.

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ICMJE DISCLOSURE FORM.9

Date: 2022-9-23

Your Name: Xing Yang

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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5	Payment or honoraria for	___ None	

	lectures, presentations, 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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
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13	Other financial or non-financial interests	___ None	

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Time frame: past 36 months			
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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 educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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ICMJE DISCLOSURE FORM.11

Date: 2022-9-22

Your Name: Shanding Chen

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	___ None	

	services		
13	Other financial or non-financial interests	<u>None</u>	

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

None.

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X 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.12

Date: 2022-9-22

Your Name: Xu Cao

Manuscript Title: A fusion model integrating magnetic resonance imaging radiomics and deep learning features for predicting alpha-thalassemia/mental retardation X-linked mutation status in isocitrate dehydrogenase mutant high-grade astrocytoma: a multicenter study

Manuscript number (if known): QIMS-23-807

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8	Patents planned, issued or pending	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None.

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.

COI statement :

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.