## ICMJE DISCLOSURE FORM

Dator danier rouni, Edeb
Your Name: Yu Cheng
Manuscript Title: Development and validation of a radiomics model based on T2 weighted imaging for
predicting the efficacy of high intensity focused ultrasound ablation in uterine fibroids

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

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

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the time frame for disclosure is the past 36 months.

Date: June 10th 2023

Manuscript number (if known):

		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)
	Ti	me frame: Since the initia	l 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	

	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	X_None	
	testimony		
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7	Support for attending meetings and/or travel	X_None	
	·		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None			

Ple	ease place an "X" next to	o the following stateme	nt to indicate your agreement:	
qu	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			
		ICM	JE DISCLOSURE FORM	
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In	the interest of transpare	ency, we ask you to disc	lose all relationships/activities/interests listed	below
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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: pas	et 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
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	XNone	

None		
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3	Royalties or licenses	XNone	
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6	Payment for expert	X_None	
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7	Cupport for attending	X None	
'	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	role in other board,		
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10	Descipt of actions and	V None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		

	writing, gifts or other services		
13	Other financial or non-	XNone	
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I certify that I have ansy	vered every question and have not altered the wording of any of the
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form.	
	ICMJE DISCLOSURE FORM
Date: <u>June.10th,2023</u>	
Your Name: Langiong Kuan	g
Manuscript Title: Developme	ent and validation of a radiomics model based on T2 weighted imaging for
predicting the efficacy of high	gh intensity focused ultrasound ablation in uterine fibroids
Manuscript number (if know	•

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board,	XNone	

	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	
Ple	ease summarize the abo	ove conflict of interest in	ո the following box։
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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 questions on this form.	•
ICMJE DISCLOSURE	FORM
Date: June.10th,2023 Your Name: Lei Chen Manuscript Title: Development and validation of a radiomics model predicting the efficacy of high intensity focused ultrasound ablation Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued	XNone
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9	Participation on a Data Safety Monitoring Board	X_None
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10	Leadership or fiduciary role in other board,	X_None
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	advocacy group, paid or unpaid	
11	Stock or stock options	X None
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12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	a full-time employee of
	financial interests	Shanghai United
		Imaging Intelligence Co., Ltd
		CO., Ltd
Ple	ease summarize the abo	ove conflict of interest in the following box:
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	•	oyee of Shanghai United Imaging Intelligence Co., Ltd, no grant from any
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speakers bureaus,

form.

## ICMJE DISCLOSURE FORM

Date: June.10th,2023
Your Name: Xiaohuan Cao
Manuscript Title: Development and validation of a radiomics model based on T2 weighted imaging for predicting the efficacy of high intensity focused ultrasound ablation in uterine fibroids
Manuscript number (if known):

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6	Payment for expert	X_None	
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7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board		
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10	Leadership or fiduciary	XNone	
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	society, committee or		
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	writing, gifts or other services		
13	Other financial or non-	a full-time employee of	
	financial interests	Shanghai United	
		Imaging Intelligence	
		Co., Ltd	

Dr. Cao as a full-time employee of Shanghai United Imaging Intelligence Co., Ltd, no grant from any company include Shanghai United Imaging Intelligence Co., Ltd. There are no conflicts of interest to declare.

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3	Royalties or licenses	X_None	
4	Consulting food	X_None	
4	Consulting fees	NOTIE	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
10	or Advisory Board	V Name	
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

Ple	ease summarize the above conflict of interest in the following box:
I	None
Ple	ease 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
qu	estions on this
	form.