ICMJE DISCLOSURE FORM 1

Date:2023/12/02
Your Name: Runcai Guo
Manuscript Title: Pulmonary artery sarcoma and pulmonary thromboembolism, difference on clinical an
imaging characteristics on computed tomography pulmonary angiography and magnetic resonance
imaging, a single-center retrospective study
Manuscript number (if known): QIMS-23-992

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 current manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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	_XNone	
4	Consulting fees	XNone	
F	Decree and an hamanaria for	V Name	
5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	_XNone	
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	XNone	
10	role in other board,	X_NONE	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
10	<u> </u>	W M	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
13	Services Other financial or non-	_XNone	
13	financial interests	NUITE	
	manda mode		

None.			

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:2023/12/02
Your Name: Haoyu Yang
Manuscript Title:Pulmonary artery sarcoma and pulmonary thromboembolism, difference on clinical and
imaging characteristics on computed tomography pulmonary angiography and magnetic resonance
imaging, a single-center retrospective study
Manuscript number (if known): QIMS-23-992

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 current manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items.

		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)
		me frame: Since the initia	planning of the work
1	All support for the	_XNone	
	present manuscript (e.g.,		
	funding, provision of		

	study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: pas	t 36 months
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, 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	_XNone	
13	Other financial or non- financial interests	_XNone	

None.			

 $\underline{\mathbf{X}}$ 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 3

Date: 2023/12/02 Your Name: Linfeng Xi

Manuscript Title: Pulmonary artery sarcoma and pulmonary thromboembolism, difference on clinical and imaging characteristics on computed tomography pulmonary angiography and magnetic resonance

imaging, a single-center retrospective study

Manuscript number (if known): QIMS-23-992

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</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your

		relationship or indicate none (add rows as needed)	institution)
	Ti	me frame: Since the initia	I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	_XNone	
	No time limit for this item.		
		Time frame: past	26 months
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, 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	_XNone	
	or pending		
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	X_None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical	_XNone	

	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		

N	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 4

Date:2023/12/02	
Your Name: Angi Liu	
Manuscript Title:Pulmonary artery sarcoma and pulmonary thromboembolism, difference on clinical a	anc
imaging characteristics on computed tomography pulmonary angiography and magnetic resonance	
imaging, a single-center retrospective study	
Manuscript number (if known): QIMS-23-992	

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</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
		me frame: Since the initia	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 in item #1 above).	X None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
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	X_None	
	or pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board		
10	or Advisory Board	V. N.	
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, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	
Ple	ease summarize the abo	ve conflict of interest in the following box:	
	None.		
_X	•	o the following statement to indicate your agreement:	of the
	form.	ICMJE DISCLOSURE FORM 5	
Yo Ma	-	y artery sarcoma and pulmonary thromboembolism, difference on computed tomography pulmonary angiography and magnetic re	
im	aging, a single-center re anuscript number (if kno	etrospective study	

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</u> manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
	Ti	me frame: Since the initia	planning of the work
1	All support for the	_XNone	
	present manuscript (e.g., funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this item.		
	item.	T: (00
2	Grants or contracts from	Time frame: past X None	36 months
_	any entity (if not indicated	<u>_x</u>	
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
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	X None	
,	meetings and/or travel	X_NONE	
	, in the second		

Patents planned, issued	X None	
or pending		
Participation on a Data Safety Monitoring Board or Advisory Board	_X None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
Stock or stock options	X_None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X None	
Other financial or non- financial interests	_XNone	
Please summarize the abo	ove conflict of intere	est in the following box:
None. Please place an "X" next to X_ I certify that I have a	o the following stat	est in the following box: tement to indicate your agreement: estion and have not altered the wording of any of the
None. lease place an "X" next to X_ I certify that I have a	o the following stat	tement to indicate your agreement:
Please place an "X" next to X_ I certify that I have an Juestions on this	o the following stat	tement to indicate your agreement:
None. lease place an "X" next to C I certify that I have an uestions on this form. ate:2023/12/02	o the following stat	tement to indicate your agreement:
None. Please place an "X" next to X	o the following stat nswered every que ICM	tement to indicate your agreement: estion and have not altered the wording of any of the
None. lease place an "X" next to L I certify that I have an uestions on this form. ate:2023/12/02 our Name:Hongyan Liu lanuscript Title:Pulmonar	o the following stat nswered every que ICM	tement to indicate your agreement: estion and have not altered the wording of any of the JE DISCLOSURE FORM 6
Please place an "X" next to X I certify that I have an questions on this form. Date:2023/12/02 Your Name:Hongyan Liu Manuscript Title:Pulmonar	o the following statenswered every que ICM Ty artery sarcoma an computed tomoge	tement to indicate your agreement: estion and have not altered the wording of any of the

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 current

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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 in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	

	manuscript writing or educational events		
6	Payment for expert testimony	X_None	
	,		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	_XNone	
	or pending		
9	Participation on a Data	X None	
9	Participation on a Data Safety Monitoring Board	_XNone	
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	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	
12	materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
40	services	V N	
13	Other financial or non- financial interests	_XNone	
	iniariolal interests		
			
Pl	ease summarize the abo	ve conflict of interest ir	the following box:
Γ	None.		
- 1			

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: 2023/12/02
Your Name: Qian Gao_
Manuscript Title: Pulmonary artery sarcoma and pulmonary thromboembolism, difference on clinical and
imaging characteristics on computed tomography pulmonary angiography and magnetic resonance
imaging, a single-center retrospective study
Manuscript number (if known):_QIMS-23-992

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</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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 in item #1 above).	_XNone				
3	Royalties or licenses	X None				

4	Consulting fees	X None	
	o constanting roots		
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	X None	
'	meetings and/or travel	_X_None	
	9		
8	Patents planned, issued	_XNone	
	or pending		
9	Participation on a Data	X None	
٦	Safety Monitoring Board	<u>X</u> None	
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
12	Pagaint of aguinment	X None	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

None.			

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 8

Date:2023/12/02	
Your Name: Wanmu Xie	_
Manuscript Title: Pulmonary artery sarcoma and pulmonary thromboembolism, difference on clinical	al and
imaging characteristics on computed tomography pulmonary angiography and magnetic resonance	<u>е</u>
imaging, a single-center retrospective study	
Manuscript number (if known): QIMS-23-992	

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</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	_XNone	

Time frame: past 36 months X None 2 Grants or contracts from any entity (if not indicated in item #1 above). 3 Royalties or licenses 4 Consulting fees X None 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		No time limit for this	
2 Grants or contracts from any entity (if not indicated in item #1 above). 3 Royalties or licenses 4 Consulting fees 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		item.	Time forms and 00 months
any entity (if not indicated in item #1 above). Royalties or licenses X None Consulting fees X None Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Royalties or licenses X None	2	Grants or contracts from	
in item #1 above). Royalties or licenses X None Consulting fees X None Spayment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Royalties or licenses X None X None Support for expert testimony Royalties or licenses X None X None A None			None
Royalties or licenses			
4 Consulting fees X None 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	3		X None
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	4	Consulting fees	_XNone
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	5		X_None
manuscript writing or educational events 6			
educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None X None X None X None X None	6		X None
7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None X None			
meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X		·	
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None X None X	7		XNone
or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None X_None		meetings and/or travel	
or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None X_None			
or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None X_None			
or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None X_None			
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None X None	8		_XNone
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		or pending	
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		5 5.	W. M.
or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid I Leadership or fiduciary X None X None	9		X None
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
role in other board, society, committee or advocacy group, paid or unpaid	10		Y None
society, committee or advocacy group, paid or unpaid	'0		X_NOTIC
advocacy group, paid or unpaid			
SAA LOUIL II II II VAN			
11 Stock or stock options X_None	11	Stock or stock options	X_None
10 Descint of equipment V None	10	Descipt of agricument	V. None
12 Receipt of equipment, <u>X</u> None materials, drugs, medical	12		NOTIE
writing, gifts or other			
services			
13 Other financial or non- X None	13		_XNone
financial interests		financial interests	

None.			

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 9

Date: 2023/12/02
Your Name: Yanan Zhen
Manuscript Title: Pulmonary artery sarcoma and pulmonary thromboembolism, difference on clinical and imaging characteristics on computed tomography pulmonary angiography and magnetic resonance imaging, a single-center retrospective study
Manuscript number (if known): QIMS-23-992

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</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

	_	Specifications/Comments (e.g., if payments were made to you or to your
	relationship or indicate none (add rows as	institution)
	Hone (add rows as	

		needed)
	Ti	me frame: Since the initial planning of the work
1	All support for the	_XNone
	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
2	Grants or contracts from	<u>X</u> None
	any entity (if not indicated	
_	in item #1 above).	N. M.
3	Royalties or licenses	_XNone
4	On an all the section of	V. Naga
4	Consulting fees	<u>X</u> None
5	Payment or honoraria for	X None
5	lectures, presentations,	X_INOTIE
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X None
	testimony	
7	Support for attending	X_None
	meetings and/or travel	
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,	
	society, committee or	
	advocacy group, paid or	
11	unpaid Stock or stock options	X_None
11	Stock of Stock options	NOTE
12	Receipt of equipment,	_XNone
'	materials, drugs, medical	INOTIC
	writing, gifts or other	
	services	

	Other financial or non-	X None	
	financial interests		
	ease summarize the abo	ove conflict of interest in the following box:	
ļ	None.		
	ease place an "X" next	o the following statement to indicate your agreement:	
	•		
	_ I certify that I have a	o the following statement to indicate your agreement: nswered every question and have not altered the wording of any of th	ne
	I certify that I have a estions on this		ne
	I certify that I have a	nswered every question and have not altered the wording of any of th	ne
	I certify that I have a estions on this		ne
	I certify that I have a estions on this form.	nswered every question and have not altered the wording of any of th	ne
	I certify that I have a estions on this	nswered every question and have not altered the wording of any of th	ne

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

imaging, a single-center retrospective study
Manuscript number (if known): QIMS-23-992

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 current manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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	
0	Out the contract of the con-	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_XNone	
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	X_None	
	testimony		
_	0 16 11 11	Y N	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued	X None	
J	or pending	<u></u>	
_			
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	XNone	
10	role in other board, society, committee or	77_140110	
	- ,,		

	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	_XNone	

None.			

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

 $\underline{\mathbf{X}}$ 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 11

Date:2023/12/02	
Your Name: Min Liu	
Manuscript Title: Pulmonary	artery sarcoma and pulmonary thromboembolism, difference on clinical and
imaging characteristics on	computed tomography pulmonary angiography and magnetic resonance
imaging, a single-center ref	rospective study
Manuscript number (if know	vn): QIMS-23-992

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 current

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

	T :	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
4			planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical	_X _None	
	writing, article processing charges, etc.)		
	No time limit for this item.		
	item.		
0	Outside an explanate f	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_XNone	
-	in item #1 above).		
3	Royalties or licenses	_XNone	
	0 111 6	V N	
4	Consulting fees	_XNone	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned issued	X None	

	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	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.			

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.