Date:11/16/2022	
Your Name:Milica Medved	
Manuscript Title:	
Manuscript number (if known):	

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 manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		I	planning of the work
1	All support for the present	_X_None	
	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	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
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	_XNone	
	testimony		
7	Support for attending	_X_None	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	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		
12	services	V Non-	
13	Other financial or non- financial interests	_XNone	
	illialiciai liiterests		
DI -	and accompanies the above	andlist of interest in the fact	llavvina havv
PIE	ase summarize the above c	onflict of interest in the fo	nowing box:

None		

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:11/15/22
Your Name:Hunter Witmer
Manuscript Title: High-resolution, high-contrast MRI protocol with differential contrast timing for peritoneal malignancies
Manuscript number (if known):

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _XNone	36 months
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	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
	g ,		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		
Plea	ase summarize the above co	inflict of interest in the fo	ollowing box:
N	lone		

\_\_x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>01/03/23</u>
Your Name: Ankit Dhiman
Manuscript Title: Implementation of a high-resolution, high-contrast MRI protocol with extended delayed phases for
peritoneal mesothelioma
Manuscript number (if known):

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 manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None None	pranning of the work
		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	

	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
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

No Conflicts of Interests

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.

Date:12/13/2023
Your Name:Yaniv Berger
Manuscript Title: Implementation of a high-resolution, high-contrast MRI magnetic resonance imaging protoco
with extended delayed phases for peritoneal mesothelioma
Manuscript number (if known): QIMS-23-13

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> <u>manuscript only</u>.

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.

		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.)  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	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	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		

No conflict of interest			

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.

Date:_2022-11-15	
Your Name: Scott K. Sherman	
Manuscript Title:High-resolution MRI of peritoneal mesothelioma	
Manuscript number (if known):	

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 manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
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	XNone					
	testimony						
7	Support for attending meetings and/or travel	XNone					
8	Patents planned, issued or	_XNone					
	pending						
9	Participation on a Data	X None					
	Safety Monitoring Board or						
10	Advisory Board  Leadership or fiduciary role	X None					
10	in other board, society,	_XNone					
	committee or advocacy						
44	group, paid or unpaid	V N					
11	Stock or stock options	XNone					
12	Receipt of equipment, materials, drugs, medical	XNone					
	writing, gifts or other services						
13	Other financial or non-	XNone					
	financial interests						
Plea	Please summarize the above conflict of interest in the following box:						
N	lo conflicts of interest						

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dat	e:January 3, 2023		
You	r Name:l	Enal Hindi	
	· ·	_	on, high-contrast MRI protocol with extended delayed phase
	peritoneal mesothelioma		
Maı	nuscript number (if known):		
rela pari to t	ted to the content of your nices whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the current
to t	• •	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present	None	al planning of the work
1	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2	Country and and a f	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
5	Noyalties of ficelises	INOTIC	
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	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role 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-	None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the foll	owing box:

None		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:November 16, 2022
Your Name:Samuel G. Armato III
Manuscript Title: Implementation of a high-resolution, high-contrast MRI protocol with extended delayed phases for
peritoneal mesothelioma
Manuscript number (if known):

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 manuscript only</u>.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	_X_None	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past _X_None _X_None	36 months
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone			
	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 or	_XNone			
	pending				
9	Participation on a Data	_XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	Immediate Past President,			
	in other board, society,	International			
	committee or advocacy	Mesothelioma Interest			
	group, paid or unpaid	Group			
11	Stock or stock options	_X_None			
_					
12	Receipt of equipment,	_X_None			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	X None			
13	financial interests	XNone			
	illialiciai liiterests				
	Please summarize the above conflict of interest in the following box:				

I	Immediate Past President, International Mesothelioma Interest Group				

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

Dat	o. 11/17/2022			
	e:11/17/2022 r Name:			
Maı	nuscript Title:_ Implementa		gh-contrast MRI protocol with extended delayed phases fo	r
•	nuscript number (if known):			
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.	
	following questions apply t nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
to t	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.	
	em #1 below, report all sup time frame for disclosure is	-	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	institution)	
		needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	X_None		
	manuscript (e.g., funding,			

		whom you have this relationship or indicate none (add rows as needed)	(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.)  No time limit for this item.	X_None	
		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	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone	
,	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony	X_NOTIE	
	testimony		
7	Support for attending	_XNone	
,	meetings and/or travel		
	meetings and, or traver		
		V N	
8	Patents planned, issued or pending	_XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
_			
N	one		

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	11-15-22	
Your Name:	Aytekin Oto	
Manuscript Title:		
Manuscript number (if known	own):	

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	_xNone	Grossmamn Grant
	any entity (if not indicated		NIH ro1,
	in item #1 above).		NIH STTR
3	Royalties or licenses	None	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	x_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	\$1500
	testimony		
7	Support for attending meetings and/or travel	None	
	,	Univeresity of Chicago	
		х	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	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-	None	
	financial interests		QMIS (co-owner)

I have received funding from NIH and the Sanford J. Grossman Charitable Trust, I have received payment for expertestimony, and Iam a co-owner of QMIS.	rt

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.

	te:11/15/2022				
	ur Name:Roger Engelr				
Ma	Manuscript Title: Implementation of a high-resolution, high-contrast MRI protocol with extended delayed phases				
	for peritoneal mesothelioma				
Ma	anuscript number (if known)	):			
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do			
	e following questions apply unuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to	•	ension, you should declare	<u>defined broadly</u> . For example, if your manuscript perta all relationships with manufacturers of antihypertension the manuscript.		
	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other it	ems,	
		Name all entities with	Specifications/Comments		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your		
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		whom you have this	(e.g., if payments were made to you or to your		
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)		
1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia _XNone	(e.g., if payments were made to you or to your institution)  I planning of the work		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  _XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  I planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia _XNone	(e.g., if payments were made to you or to your institution)  I planning of the work		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  _XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  I planning of the work		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  _XNone  Time frame: past	(e.g., if payments were made to you or to your institution)  I planning of the work		

Chicago

\_X\_None

Consulting fees

4

diagnosis technology through the University of

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

Roger Engelmann receives royalties and licensing fees for computer-aided diagnosis technologies through the University of Chicago.

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 form.	questions on this

Date:	_11/18/22	
Your Name:	Hedy Lee Kindler_	
Manuscript Titl	e:	
Manuscript nui	mber (if known):	

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Medscape
6	Payment for expert	_X_None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	None	Advisory Board: Tempus, Bluestar Genomics, Sanofi
	Safety Monitoring Board or		Transcript
	Advisory Board		
10	Leadership or fiduciary role	None	Advisory Board: Tempus, Bluestar Genomics, Sanofi
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	_X_None	
42	D : 1 ( : 1	V N	
12	Receipt of equipment, materials, drugs, medical	_X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have received consulting fees from AstraZeneca and am on the advisory board of Tempus, Bluestar Genomics, and Sanofi.

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ate: 11/15/2022	_
our Name: Nisa Cem Oren	
Nanuscript Title: High-resolution MRI of peritoneal mesothelioma	
lanuscript number (if known):	

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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.	_X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
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	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nana	
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNOTIE	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Please summarize the above conflict of interest in the following box:  None			

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:11/18	3/22
_	
Your Name:Ca	rla Harmath
Manuscript Title: In	nplementation of a high-resolution, high-contrast MRI protocol with extended delayed phases for
peritoneal mesothe	elioma
Manuscript numbe	r (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	x_None	
		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,	xNone	
	manuscript writing or		
	educational events		
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	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		
12	Services	v None	
13	Other financial or non-	xNone	
	financial interests		

None			

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

lul - - 5

### **Carla Harmath**

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

Date: (1   1	5	~^^		
Your Name:	Kiran	Turogh.		
Manuscript Title:				
Manuscript number (if	known):			

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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 initi	al 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.	None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	None	Merck Caronttung

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	<u> </u>	
	pending		
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	

Caronting for	von-velated	wak.	

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