#### ICMJE DISCLOSURE FORM

Date: 2024.01.20

Your Name: Wenpeng Huang

Manuscript Title: Multimodality imaging of ureteral desmoplastic small round cell tumor: a case

description and literature analysis review of the <sup>18</sup>F-FDG PET/CT findings

Manuscript number (if known): QIMS-23-1649

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

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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,

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

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

Wenpeng Huang has nothing to disclose.		

Plea	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			
You Mar des	Date: 2024.01.20 Your Name: Yongbai Zhang Manuscript Title: Multimodality imaging of ureteral desmoplastic small round cell tumor: a case description and literature analysis review of the <sup>18</sup> F-FDG PET/CT findings Manuscript number (if known): QIMS-23-1649			
In th		ency, we ask you to disc	lose all relationships/activities/interests listed	below
_	ted to the content of yo	our manuscript. "Relate	d" means any relation with for-profit or not-for-	profit
-	ties whose interests ma nmitment	ay be affected by the co	ntent of the manuscript. Disclosure represents	а
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	author's relationships/	/activities/interests sho	uld be <u>defined broadly</u> . For example, if your ma	nuscript
			leclare all relationships with manufacturers of on is not mentioned in the manuscript.	
othe	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	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
	Ti	needed) me frame: Since the initial	Inlanning of the work	
1 /	All support for the	None None	planning of the Work	
r	oresent 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 any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
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7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
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	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Yongbai Zhang has	nothing to disclose.		

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

## Date:2024.01.20

Your Name: Yongkang Qiu

Manuscript Title: Multimodality imaging of ureteral desmoplastic small round cell tumor: a case

description and literature analysis review of the <sup>18</sup>F-FDG PET/CT findings

Manuscript number (if known): QIMS-23-1649

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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	institution)

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		me frame: Since the initia	i planning of the work
1	All support for the	None	
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	study materials, medical		
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	charges, etc.)		
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	item.		
		Time frame: past	36 months
2	Grants or contracts from	None	30 mondis
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3	Royalties or licenses	None	
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4	Consulting fees	None	
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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued	None	
	or pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	None	
10	role in other board,	None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		

	services		
13	Other financial or non-	None	
	financial interests		

Yongkang Qiu has nothing to disclose.

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

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form.

### ICMJE DISCLOSURE FORM

Date:<u>2024.01.20</u> Your Name: Yi Liu

Manuscript Title: Multimodality imaging of ureteral desmoplastic small round cell tumor: a case

description and literature analysis review of the 18F-FDG PET/CT findings

Manuscript number (if known): QIMS-23-1649

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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	None	

	advocacy group, paid or unpaid		
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	

Yi Liu	has nothing to disclose.		

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

Date:2024.01.20

Your Name: Zhaonan Sun

Manuscript Title: Multimodality imaging of ureteral desmoplastic small round cell tumor: a case

description and literature analysis review of the <sup>18</sup>F-FDG PET/CT findings

Manuscript number (if known): QIMS-23-1649

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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	None	
o o	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned issued	None	

	or 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	

Zhaonan Sun has nothing to disclose	

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### ICMJE DISCLOSURE FORM

Date:2024.01.20

Your Name: Lele Song

Manuscript Title: Multimodality imaging of ureteral desmoplastic small round cell tumor: a case

description and literature analysis review of the <sup>18</sup>F-FDG PET/CT findings

Manuscript number (if known): QIMS-23-1649

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	study materials, medical		
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	item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
3	in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
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7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
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	writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests	None	
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Ple	ease summarize the abo	ove conflict of interest	in the following box:
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	Lele Song has nothing to dis	sciose.	
Ple	ease place an "X" next t	o the following statem	ent to indicate your agreement:

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Date:2024.01.20

Your Name: Aixiang Wang

Manuscript Title: <u>Multimodality imaging of ureteral desmoplastic small round cell tumor: a case description and literature analysis review of the <sup>18</sup>F-FDG PET/CT findings

Manuscript number (if known): QIMS-23-1649</u>

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2	Grants or contracts from	None	
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

Aixia	ang Wang has nothing to disclose.		

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

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

#### ICMJE DISCLOSURE FORM

Date:2024.01.20

Your Name: Jixin Zhang

Manuscript Title: Multimodality imaging of ureteral desmoplastic small round cell tumor: a case

description and literature analysis review of the <sup>18</sup>F-FDG PET/CT findings

Manuscript number (if known): QIMS-23-1649

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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

Jixin Zhang has nothing to disclose.		

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

Date: 2024.01.20 Your Name: Lei Kang

Manuscript Title: Multimodality imaging of ureteral desmoplastic small round cell tumor: a case

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		none (add rows as needed)		
Time frame: Since the initial planning of the work				
1	All support for the	None		

2	present 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 in item #1 above).  Royalties or licenses	Time frame: past None None	36 months
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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:				
Lei Kang has nothing to d	isclose.			
Please place an "X" next	to the following statement to indicate your agreement:			
I certify that I have a	nswered every question and have not altered the wording of any of the			
questions on this				
form.				