

## ICMJE DISCLOSURE FORM

Date: 2024-01-15 \_\_\_\_\_

Your Name: Xuxu Meng \_\_\_\_\_

Manuscript Title: Multiparametric magnetic resonance imaging-based assessment of the effect of adenomyosis on determining the depth of myometrial invasion in endometrial cancer \_\_\_\_\_

Manuscript number (if known): QIMS-23-1621 \_\_\_\_\_

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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|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
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| 4   | Consulting fees  | None   |   |
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| 7  | Support for attending meetings and/or travel   | ____ None |  |
| 8  | Patents planned, issued or pending   | ____ None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ____ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ____ None |  |
| 11 | Stock or stock options   | ____ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None |  |
| 13 | Other financial or non-financial interests   | ____ None |  |

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

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| I have no conflicts of interest to declare. |
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## ICMJE DISCLOSURE FORM

Date: 2024-01-15 \_\_\_\_\_

Your Name: Mingming Liu \_\_\_\_\_

Manuscript Title: Multiparametric magnetic resonance imaging-based assessment of the effect of adenomyosis on determining the depth of myometrial invasion in endometrial cancer \_\_\_\_\_

Manuscript number (if known): QIMS-23-1621 \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024-01-15 \_\_\_\_\_

Your Name: Dawei Yang \_\_\_\_\_

Manuscript Title: Multiparametric magnetic resonance imaging-based assessment of the effect of adenomyosis on determining the depth of myometrial invasion in endometrial cancer \_\_\_\_\_

Manuscript number (if known): QIMS-23-1621 \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024-01-15 \_\_\_\_\_

Your Name: He Jin \_\_\_\_\_

Manuscript Title: Multiparametric magnetic resonance imaging-based assessment of the effect of adenomyosis on determining the depth of myometrial invasion in endometrial cancer \_\_\_\_\_

Manuscript number (if known): QIMS-23-1621 \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024-01-15 \_\_\_\_\_

Your Name: Yun Liu \_\_\_\_\_

Manuscript Title: Multiparametric magnetic resonance imaging-based assessment of the effect of adenomyosis on determining the depth of myometrial invasion in endometrial cancer \_\_\_\_\_

Manuscript number (if known): QIMS-23-1621 \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024-01-15 \_\_\_\_\_

Your Name: Hui Xu \_\_\_\_\_

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Your Name: Yuting Liang \_\_\_\_\_

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Your Name: Zhenchang Wang \_\_\_\_\_

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Date: 2024-01-15 \_\_\_\_\_

Your Name: Liang Wang \_\_\_\_\_

Manuscript Title: Multiparametric magnetic resonance imaging-based assessment of the effect of adenomyosis on determining the depth of myometrial invasion in endometrial cancer \_\_\_\_\_

Manuscript number (if known): QIMS-23-1621 \_\_\_\_\_

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.

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

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

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|----|--|------------------|--|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u>    </u> None |  |
| 6  | Payment for expert testimony   | <u>    </u> None |  |
| 7  | Support for attending meetings and/or travel   | <u>    </u> None |  |
| 8  | Patents planned, issued or pending   | <u>    </u> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <u>    </u> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <u>    </u> None |  |
| 11 | Stock or stock options   | <u>    </u> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>    </u> None |  |
| 13 | Other financial or non-financial interests   | <u>    </u> None |  |

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

|   |
|---|
| I have no conflicts of interest to declare. |
|---|

**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

Date: 2024-01-15 \_\_\_\_\_

Your Name: Zhenghan Yang \_\_\_\_\_

Manuscript Title: Multiparametric magnetic resonance imaging-based assessment of the effect of adenomyosis on determining the depth of myometrial invasion in endometrial cancer \_\_\_\_\_

Manuscript number (if known): QIMS-23-1621 \_\_\_\_\_

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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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | Beijing Hospitals Authority Clinical Medicine Development of Special Funding Support         | No. ZYLX202101, to Zhenghan Yang  |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
|   |  |  |   |

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

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

I received grants from Beijing Hospitals Authority Clinical Medicine Development of Special Funding Support (No. ZYLY202101).

**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.