

## ICMJE DISCLOSURE FORM

Date: Apr 5<sup>th</sup>, 2021

Your Name: Ziyi Yang

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	__ None __	
<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	<u>  None  </u>	
6	Payment for expert testimony	<u>  None  </u>	
7	Support for attending meetings and/or travel	<u>  None  </u>	
8	Patents planned, issued or pending	<u>  None  </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  None  </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  None  </u>	
11	Stock or stock options	<u>  None  </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  None  </u>	
13	Other financial or non-financial interests	<u>  None  </u>	

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

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

Date: Apr 5<sup>th</sup>, 2021

Your Name: Yizhao Xie

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	__ None __	
<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:**

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

Date: Apr 5<sup>th</sup>, 2021

Your Name: Cheng Liu

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	Shanghai Sailing Program (20YF1408500)	
<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:**

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

Date: Apr 5<sup>th</sup>, 2021

Your Name: Xin Liu

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	__ None __	
<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	<u>  None  </u>	
6	Payment for expert testimony	<u>  None  </u>	
7	Support for attending meetings and/or travel	<u>  None  </u>	
8	Patents planned, issued or pending	<u>  None  </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  None  </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  None  </u>	
11	Stock or stock options	<u>  None  </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  None  </u>	
13	Other financial or non-financial interests	<u>  None  </u>	

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

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

Date: Apr 5<sup>th</sup>, 2021

Your Name: Shaoli Song

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	__ None __	
<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	<u>  None  </u>	
6	Payment for expert testimony	<u>  None  </u>	
7	Support for attending meetings and/or travel	<u>  None  </u>	
8	Patents planned, issued or pending	<u>  None  </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  None  </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  None  </u>	
11	Stock or stock options	<u>  None  </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  None  </u>	
13	Other financial or non-financial interests	<u>  None  </u>	

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

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

Date: Apr 5<sup>th</sup>, 2021

Your Name: Yingjian Zhang

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	__ None __	
<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	<u>  None  </u>	
6	Payment for expert testimony	<u>  None  </u>	
7	Support for attending meetings and/or travel	<u>  None  </u>	
8	Patents planned, issued or pending	<u>  None  </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  None  </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  None  </u>	
11	Stock or stock options	<u>  None  </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  None  </u>	
13	Other financial or non-financial interests	<u>  None  </u>	

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

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

Date: Apr 5<sup>th</sup>, 2021

Your Name: Rui Ge

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	__ None __	
<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	<u>  None  </u>	
6	Payment for expert testimony	<u>  None  </u>	
7	Support for attending meetings and/or travel	<u>  None  </u>	
8	Patents planned, issued or pending	<u>  None  </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  None  </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  None  </u>	
11	Stock or stock options	<u>  None  </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  None  </u>	
13	Other financial or non-financial interests	<u>  None  </u>	

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

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

Date: Apr 19<sup>th</sup>, 2021

Your Name: Biyun Wang

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	National Natural Science Foundation of China (No. 81874114)	
<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:**

The study was partly supported by National Natural Science Foundation of China (No. 81874114). The authors of this manuscript declare no relationships with any companies, whose products or services may be related to the subject matter of the article.

**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: Apr 19<sup>th</sup>, 2021

Your Name: Zhongyi Yang

Manuscript Title: The clinical value of <sup>18</sup>F-fluoroestradiol in assisting individualized treatment decision in dual primary malignancies

Manuscript number (if known): QIMS-20-1364

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 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, 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.) <b>No time limit for this item.</b>	Shanghai Committee of Science and Technology Fund (No.19ZR1411300)	
		Shanghai Municipal Health Commission (202040269)	
<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:**

The study was partly supported by Shanghai Committee of Science and Technology Fund (No.19ZR1411300) and Shanghai Municipal Health Commission (202040269). The authors of this manuscript declare no relationships with any companies, whose products or services may be related to the subject matter of the article.

**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.**