

ICMJE DISCLOSURE FORM

Date: ____ Mar. 31th, 2021 ____

Your Name: ____ Hesong Shen ____

Manuscript Title: ____ Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia ____

Manuscript number (if known): ____ QIMS-20-1269 ____

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) |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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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: ____ Mar. 31th, 2021 ____

Your Name: ____Xiaoqian Yuan__

Manuscript Title: ____Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia____

Manuscript number (if known): ____ QIMS-20-1269 ____

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ICMJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Daihong Liu

Manuscript Title: Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia

Manuscript number (if known): QIMS-20-1269

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ICMJE DISCLOSURE FORM

Date: ____ Mar. 31th, 2021 ____

Your Name: ____ Chunrong Tu ____

Manuscript Title: ____ Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia ____

Manuscript number (if known): ____ QIMS-20-1269 ____

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ICMJE DISCLOSURE FORM

Date: ____ Mar. 31th, 2021 ____

Your Name: ____Xing Wang____

Manuscript Title: ____Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia____

Manuscript number (if known): ____QIMS-20-1269____

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ICMJJE DISCLOSURE FORM

Date: ____ Mar. 31th, 2021 ____

Your Name: ____ Renwei Liu ____

Manuscript Title: ____ Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia ____

Manuscript number (if known): ____ QIMS-20-1269 ____

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ICMJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Xiaoxia Wang

Manuscript Title: Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia

Manuscript number (if known): QIMS-20-1269

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ICMJE DISCLOSURE FORM

Date: ____ Mar. 31th, 2021 ____

Your Name: ____ Xiaosong Lan ____

Manuscript Title: ____ Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia ____

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| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
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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: ____ Mar. 31th, 2021 ____

Your Name: ____ Kaiwen Fu ____

Manuscript Title: ____ Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia ____

Manuscript number (if known): ____ QIMS-20-1269 ____

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) |
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ICMJJE DISCLOSURE FORM

Date: ____ Mar. 31th, 2021 ____

Your Name: ____Jiuquan Zhang____

Manuscript Title: ____Multiparametric dual-energy CT to differentiate stage T1 nasopharyngeal carcinoma from benign hyperplasia____

Manuscript number (if known): ____QIMS-20-1269____

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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