Date: Sep. 9th, 2021 Your Name: Simin Wang

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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) |
|---|---|--|---|
| | | 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 lectures, presentations, | XNone | | | |
|-----|---|--------------------------------|--------------|--|--|
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events | V None | | | |
| 6 | Payment for expert testimony | XNone | | | |
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| 7 | Support for attending meetings and/or travel | XNone | | | |
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| 8 | Patents planned, issued or | | | | |
| | pending | | | | |
| 9 | Participation on a Data | X None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 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, | XNone | | | |
| | materials, drugs, medical | - | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | X None | | | |
| - | financial interests | | | | |
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| Pl≏ | ase summarize the above or | onflict of interest in the fol | lowing box: | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| | None. | | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |

Date: Sep. 9th, 2021 Your Name: Yuqi Sun

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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| | | 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 lectures, presentations, | XNone | | | |
|-----|---|--------------------------------|--------------|--|--|
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events | V None | | | |
| 6 | Payment for expert testimony | XNone | | | |
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| 7 | Support for attending meetings and/or travel | XNone | | | |
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| 8 | Patents planned, issued or | | | | |
| | pending | | | | |
| 9 | Participation on a Data | X None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 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, | XNone | | | |
| | materials, drugs, medical | - | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | X None | | | |
| - | financial interests | | | | |
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| Pl≏ | ase summarize the above or | onflict of interest in the fol | lowing box: | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| | None. | | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |

Date: Sep. 9th, 2021 Your Name: Ning Mao

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
|-----|---|--------------------------------|--------------|--|--|
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events | V None | | | |
| 6 | Payment for expert testimony | XNone | | | |
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| 7 | Support for attending meetings and/or travel | XNone | | | |
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| 8 | Patents planned, issued or | | | | |
| | pending | | | | |
| 9 | Participation on a Data | X None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
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| 12 | Receipt of equipment, | XNone | | | |
| | materials, drugs, medical | - | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | X None | | | |
| - | financial interests | | | | |
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| Pl≏ | ase summarize the above or | onflict of interest in the fol | lowing box: | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| | None. | | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |

Date: Sep. 9th, 2021

Your Name: Shaofeng Duan

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 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 | | | |
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| 7 | Support for attending meetings and/or travel | XNone | | |
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| 8 | Patents planned, issued or | | | |
| | pending | | | |
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| 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 | | |
| | | | | |
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| 12 | Receipt of equipment, | XNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | GE Healthcare | | |
| | financial interests | | | |
| | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | The author is an employee of General Electric (GE) Healthcare (Shanghai, China). | | | |

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: Sep. 9th, 2021 Your Name: Qin Li

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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|-----|---|--------------------------------|--------------|--|--|
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events | V None | | | |
| 6 | Payment for expert testimony | XNone | | | |
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| 7 | Support for attending meetings and/or travel | XNone | | | |
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| 8 | Patents planned, issued or | | | | |
| | pending | | | | |
| 9 | Participation on a Data | X None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
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| 12 | Receipt of equipment, | XNone | | | |
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| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | X None | | | |
| - | financial interests | | | | |
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| Pl≏ | ase summarize the above or | onflict of interest in the fol | lowing box: | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| | None. | | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |

Date: Sep. 9th, 2021 Your Name: Ruimin Li

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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| 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 lectures, presentations, | XNone | | | |
|-----|---|--------------------------------|--------------|--|--|
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events | V None | | | |
| 6 | Payment for expert testimony | XNone | | | |
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| 7 | Support for attending meetings and/or travel | XNone | | | |
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| 8 | Patents planned, issued or | | | | |
| | pending | | | | |
| 9 | Participation on a Data | X None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 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, | XNone | | | |
| | materials, drugs, medical | - | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | X None | | | |
| - | financial interests | | | | |
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| Pl≏ | ase summarize the above or | onflict of interest in the fol | lowing box: | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| | None. | | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |

Date: Sep. 9th, 2021

Your Name: Tingting Jiang

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| 5 | ayment or honoraria for ectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| 6 | educational events | V None | |
| 6 | Payment for expert testimony | XNone | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | other board, society, | | |
| | 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 | | |
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| Ple | ease summarize the above co | onflict of interest in the fol | lowing box: |
| | . 1989 Samman and the day of comment of interest in the following box. | | |
| None. | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | |

Date: Sep. 9th, 2021

Your Name: Zhongyi Wang

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

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| | manuscript writing or | | |
| 6 | educational events | V None | |
| 6 | Payment for expert testimony | XNone | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | other board, society, | | |
| | group, paid or unpaid | | |
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| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | - | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Ple | ease summarize the above co | onflict of interest in the fol | lowing box: |
| | . 1989 Samman and the day of comment of interest in the following box. | | |
| None. | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | |

Date: Sep. 9th, 2021 Your Name: Haizhu Xie

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
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| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | other board, society, | | |
| | 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 | | |
| | | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the fol | lowing box: |
| | . 1989 Samman and the day of comment of interest in the following box. | | |
| None. | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | |

Date: Sep. 9th, 2021 Your Name: Yajia Gu

Manuscript Title: Incorporating the Clinical and Radiomics Features of Contrast-Enhanced Mammography to Classify

Breast Lesions: A Retrospective Study

Manuscript number (if known): QIMS-21-103-R3

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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| | | 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 | |

| | | <u> </u> | |
|-------|---|--------------------------------|-------------|
| 5 | ayment or honoraria for ectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| 6 | educational events | V None | |
| 6 | Payment for expert testimony | XNone | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | other board, society, | | |
| | 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 | | |
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| Ple | ease summarize the above co | onflict of interest in the fol | lowing box: |
| | . 1989 Samman and the day of comment of interest in the following box. | | |
| None. | | | |
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