Date: <u>July 16, 2021</u>
Your Name: Fang Fang Fu
Manuscript Title: Identification for Histological Features of Endometrioid Adenocarcinoma: Based on Amide Protoi
Transfer-weighted Imaging and Multi-model Diffusion-weighted Imaging
Manuscript number (if known): QIMS-21-189

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 initi	al 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: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	X_None	
4	Consulting fees	None	

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

None			
	7		

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

Date: July 16, 2021		
Your Name:	Nan Meng	
Manuscript Title: L	dentification	or Histological Features of Endometrioid Adenocarcinoma: Based on Amide Proton
<b>Transfer-weighted</b>	Imaging and I	Multi-model Diffusion-weighted Imaging
Manuscript number	r (if known):	DIMS-21-189

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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	X_None	
4	Consulting fees	None	

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

None			

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

Date: <u>July 16, 2021</u>	<i>x</i>
Pate: July 16, 2021 Your Name: Zhun Huang	
Manuscript Title: Identification for Histological Features	of Endometrioid Adenocarcinoma: Based on Amide Protor
Transfer-weighted Imaging and Multi-model Diffusion-weighted	
Manuscript number (if known): QIMS-21-189	

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		Time frame: Since the initi	al 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	
TH	WHITE STREET,	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Mone			

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

Date: <u>July 16, 2021</u>
Your Name:
Manuscript Title: Identification for Histological Features of Endometrioid Adenocarcinoma: Based on Amide Proton
Transfer-weighted Imaging and Multi-model Diffusion-weighted Imaging
Manuscript number (if known): QIMS-21-189

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	None	
4	Consulting fees	None	

.5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending	•	
9	Participation on a Data	None None	
	Safety Monitoring Board or	<del>                                      </del>	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	1	
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests	1	

Hone			
	*		

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

Date: July 16, 2021	V			
Your Name:	Xue	Tion	wang	
Manuscript Title: Ider	ntification	or His	tologica	Features of Endometrioid Adenocarcinoma: Based on Amide Proton
				iffusion-weighted Imaging
Manuscript number (	f known):	QIMS-	21-189	

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		Time frame: pas	t 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	

Nore			

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

Date: <u>July 16, 2021</u>
Your Name: 11e Shang
Manuscript Title: Identification for Histological Features of Endometrioid Adenocarcinoma: Based on Amide Proton
Transfer-weighted Imaging and Multi-model Diffusion-weighted Imaging
Manuscript number (if known): QIMS-21-189

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	-	Time frame: pas	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	B	15/	
5.	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	- None	
	meetings and, or craver		
8	Patents planned, issued or	V None	
	pending	7	
9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
	Advisory Board		
40		1	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	7	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests	None	
	iniancial interests		

None			

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

Date: <u>July 16, 2021</u>	and the same of th	-	
Your Name:	Ting	tana	
Manuscript Title: Id	entifica	tion for	Histological Features of Endometrioid Adenocarcinoma: Based on Amide Proton
Transfer-weighted	maging	and Mu	ulti-model Diffusion-weighted Imaging
Manuscript number	r (if kno	wn). OII	WS-21-189

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3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

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

None				

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

Date: <u>July 16, 2021</u>				
Your Name:	Peng	Yan9	Fen9	
Manuscript Title: Ide	entificat	tion fo	or Hist	ological Features of Endometrioid Adenocarcinoma: Based on Amide Proton
Transfer-weighted I	maging	and N	<u>/lulti-r</u>	nodel Diffusion-weighted Imaging
Manuscript number	(if know	wn)· C	IMS-2	21-189

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5.	Payment or honoraria for	X_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	⅓ None	
	pending	-A-Helle	
9	Participation on a Data	M Nama	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	_X_None	
40			
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	X_None	
	illiancial interests		

None			
	*		

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

Date: <u>July 16, 2021</u>	11.	V	1.1	
Your Name:	Kai	ju	Woung	
Manuscript Title: I	dontifi	natio		

Title: Identification for Histological Features of Endometrioid Adenocarcinoma: Based on Amide Proton

Transfer-weighted Imaging and Multi-model Diffusion-weighted Imaging

Manuscript number (if known): QIMS-21-189

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3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	X_None	

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

None		
Pase place an "V" post to the		

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

Date: <u>July 16, 2021</u>	
Your Name: Dongming Ham.	
Manuscript Title: Identification for Histological Features of Endometrioid Adenocarcinoma: Based on Amide Proto	on
Transfer-weighted Imaging and Multi-model Diffusion-weighted Imaging	
Manuscript number (if known): QIMS-21-189	

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		Time frame: pas	t 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,	None	
	manuscript writing or	<b>医生活及生物性</b>	
	educational events		
6	Payment for expert	None	
	testimony		
1 8			
7	Support for attending	None	
	meetings and/or travel	Anone	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	X_None	
	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	1	
-			

Hone	

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

Date: July	16.	2021
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Your Name:\_ Mes yun Wang

Manuscript Title: Identification for Histological Features of Endometrioid Adenocarcinoma: Based on Amide Proton

Transfer-weighted Imaging and Multi-model Diffusion-weighted Imaging

Manuscript number (if known): QIMS-21-189

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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.	_X_None	
	Time frame: past	26 m - Al
Grants or contracts from any entity (if not indicated in item #1 above).	X_None	36 Months
Royalties or licenses	None	
Consulting fees	_X_None	

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

None			

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