

ICMJE DISCLOSURE FORM

Date: Sep. 23th, 2021

Your Name: Bo Li

Manuscript Title: Prediction of high nodal burden in invasive breast cancer by quantitative shear wave elastography

Manuscript number (if known): QIMS-21-580

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)
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	
Time frame: past 36 months			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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Date: Sep. 23th, 2021

Your Name: Xin Zhao

Manuscript Title: Prediction of high nodal burden in invasive breast cancer by quantitative shear wave elastography

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ICMJE DISCLOSURE FORM

Date: ___Sep. 23th, 2021__

Your Name: ___Qiucheng Wang_____

Manuscript Title: ___Prediction of high nodal burden in invasive breast cancer by quantitative shear wave elastography_____

Manuscript number (if known): ___QIMS-21-580_____

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Date: Sep. 23th, 2021

Your Name: Hua Shao

Manuscript Title: Prediction of high nodal burden in invasive breast cancer by quantitative shear wave elastography

Manuscript number (if known): QIMS-21-580

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ICMJE DISCLOSURE FORM

Date: Sep. 23th, 2021

Your Name: Lei Zhang

Manuscript Title: Prediction of high nodal burden in invasive breast cancer by quantitative shear wave elastography

Manuscript number (if known): QIMS-21-580

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Date: Sep. 23th, 2021

Your Name: Wen Cheng

Manuscript Title: Prediction of high nodal burden in invasive breast cancer by quantitative shear wave elastography

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