

ICMJE DISCLOSURE FORM

Date: 19.9.2021

Your Name: Lukas Lambert

Manuscript Title: The diagnostic performance of whole-body MRI in the staging of lymphomas in adult patients compared to PET/CT and enhanced reference standard – systematic review and meta-analysis

Manuscript number (if known): QIMS-21-649

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.	Ministry of Health of the Czech Republic (MH CZ-DRO, General University Hospital in Prague - VFN, 00064165)	Institutional research support
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

This study received an institutional support from the Ministry of Health of the Czech Republic (MH CZ-DRO, General University Hospital in Prague - VFN, 00064165)

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

ICMJE DISCLOSURE FORM

No. 2

Date: 17.9.2021

Your Name: Andrea Burgetova

Manuscript Title: The diagnostic performance of whole-body MRI in the staging of lymphomas in adult patients compared to PET/CT and enhanced reference standard – systematic review and meta-analysis.

Manuscript number (if known): QIMS-21-649

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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.	Czech Ministry of Health project RVO-VFN64165	Institution
Time frame: past 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	

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

Andrea Burgetova reports funding from Czech Ministry of Health, project RVO-VFN64165.

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: 22.9.2021

Your Name: Marek Trneny

Manuscript Title: The diagnostic performance of whole-body MRI in the staging of lymphomas in adult patients compared to PET/CT and enhanced reference standard – systematic review and meta-analysis

Manuscript number (if known): QIMS-21-649

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Janssen, Gilead Sciences, Takeda, Bristol-Myers Squibb, Amgen, Abbvie, Roche, Astra Zeneca, MorphoSys, Incyte, Celgene, Portolla, Takeda	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Gilead, Takeda, Bristol-Myers Squibb, Roche, Janssen, Abbvie	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Janssen, Takeda, Roche, Bristol-Myers Squibb, Abbvie, Portolla, MorphoSys, Incyte,	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

<p>I have no conflict of interest regarding publication of this manuscript.</p>

I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

23 -09- 2021

A handwritten signature in blue ink, consisting of stylized, flowing letters that appear to be 'Marek Trněný'.

Prof. MUDr. Marek Trněný, CSc.

ICMJE DISCLOSURE FORM

Date: 19.9.2021

Your Name: Bianka Bircakova

Manuscript Title: The diagnostic performance of whole-body MRI in the staging of lymphomas in adult patients compared to PET/CT and enhanced reference standard – systematic review and meta-analysis

Manuscript number (if known): QIMS-21-649

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<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"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

ICMJE DISCLOSURE FORM

Date: 17.9.2021

Your Name: Jan Molinsky

Manuscript Title: The diagnostic performance of whole-body MRI in the staging of lymphomas in adult patients compared to PET/CT and enhanced reference standard – systematic review and meta-analysis.

Manuscript number (if known): QIMS-21-649

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Time frame: past 36 months			
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3	Royalties or licenses	X ___ None	
4	Consulting fees	X ___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X ___ None	
6	Payment for expert testimony	X ___ 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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X ___ None	
13	Other financial or non-financial interests	X ___ None	

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

I have no conflicts of interest.

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: 17.9.2021

Your Name: Katerina Benesova

Manuscript Title: The diagnostic performance of whole-body MRI in the staging of lymphomas in adult patients compared to PET/CT and enhanced reference standard – systematic review and meta-analysis.

Manuscript number (if known):QIMS-21-649

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Time frame: past 36 months			
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3	Royalties or licenses	X ___ None	
4	Consulting fees	X ___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X ___ None	
6	Payment for expert testimony	X ___ 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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X ___ None	
13	Other financial or non-financial interests	X ___ None	

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

I have no conflicts of interest.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form. ___ X

ICMJE DISCLOSURE FORM

Date: 16-SEP-2021
Your Name: David Zogala
Manuscript Title: The diagnostic performance of whole-body MRI in the staging of lymphomas in adult patients compared to PET/CT and enhanced reference standard – systematic review and meta-analysis.
Manuscript number (if known): QIMS-21-649

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Time frame: past 36 months			
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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	
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13	Other financial or non-financial interests	None	

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

I have no conflicts of interest regarding publication of this article.

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Zogal

ICMJE DISCLOSURE FORM

Date: 17/09/2021
 Your Name: PROF. PAVEL MICHALISEK
 Manuscript Title: THE DIAGNOSTIC PERFORMANCE OF WHOLE-BODY MRI IN THE STAGING OF LYMPHOMA
 Manuscript number (if known): IN ADULT PATIENTS COMPARED TO PET/CT AND ENHANCED REFERENCE
STANDARD SYSTEMATIC REVIEW AND META-ANALYSIS
QIMS-21-649

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

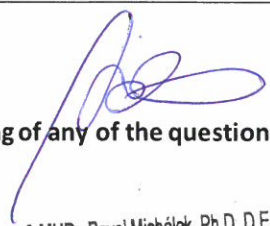
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I HAVE NO CONFLICT OF INTEREST
RELATED TO THIS MANUSCRIPT.

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.


 .prof. MUDr. Pavel Michálek, Ph.D., D.E.S.A., M.Sc.