

ICMJE DISCLOSURE FORM

Date: 14th Dec 2021

Your Name: Eun Cho

Manuscript Title: Clinical Experience of Tensor-valued Diffusion Encoding for Microstructure Imaging by Diffusional Variance Decomposition in Patients with Breast Cancer

Manuscript number (if known): QIMS-21-870

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			
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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	<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:

Eun Cho has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: 14th Dec 2021

Your Name: Hye Jin Baek

Manuscript Title: Clinical Experience of Tensor-valued Diffusion Encoding for Microstructure Imaging by Diffusional Variance Decomposition in Patients with Breast Cancer

Manuscript number (if known): QIMS-21-870

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Hye Jin Baek has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: 14th Dec 2021

Your Name: Filip Szczepankiewicz

Manuscript Title: Clinical Experience of Tensor-valued Diffusion Encoding for Microstructure Imaging by Diffusional Variance Decomposition in Patients with Breast Cancer

Manuscript number (if known): QIMS-21-870

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Filip Szczepankiewicz has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: 14th Dec 2021

Your Name: Hyo Jung An

Manuscript Title: Clinical Experience of Tensor-valued Diffusion Encoding for Microstructure Imaging by Diffusional Variance Decomposition in Patients with Breast Cancer

Manuscript number (if known): QIMS-21-870

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Hyo Jung An has nothing to disclose.

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

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Date: 14th Dec 2021

Your Name: Eun Jung Jung

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ICMJE DISCLOSURE FORM

Date: 14th Dec 2021

Your Name: Ho-Joon Lee

Manuscript Title: Clinical Experience of Tensor-valued Diffusion Encoding for Microstructure Imaging by Diffusional Variance Decomposition in Patients with Breast Cancer

Manuscript number (if known): QIMS-21-870

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ICMJE DISCLOSURE FORM

Date: 14th Dec 2021

Your Name: Joonsung Lee

Manuscript Title: Clinical Experience of Tensor-valued Diffusion Encoding for Microstructure Imaging by Diffusional Variance Decomposition in Patients with Breast Cancer

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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	Employment : GE Healthcare	However, GE Healthcare had no role in the design of the study, data analyses, or data interpretation.

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

Employment: GE Healthcare
Comments: However, GE Healthcare had no role in the design of the study, data analyses, or data interpretation.

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ICMJE DISCLOSURE FORM

Date: 14th Dec 2021

Your Name: Sung-Min Gho

Manuscript Title: Clinical Experience of Tensor-valued Diffusion Encoding for Microstructure Imaging by Diffusional Variance Decomposition in Patients with Breast Cancer

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