

## ICMJE DISCLOSURE FORM

Date: 2021-11-11

Your Name: Yuanhong

Liu

**Manuscript Title:** Systematic review and meta-analysis of arterial spin-labeling imaging to distinguish between glioma recurrence and post-treatment radiation effect

Manuscript number (if known): \_\_\_\_\_

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)
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<b>Time frame: past 36 months</b>			
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## ICMJE DISCLOSURE FORM

Date: 2021-11-11

Your Name: Gang Chen

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Date: 2021-11-11

Your Name: Hanjun

Tang \_\_\_\_\_

Manuscript Title: Systematic review and meta-analysis of arterial spin-labeling imaging to distinguish between glioma recurrence and post-treatment radiation effect

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Date: 2021-11-11

Your Name: Lian Hong

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Your Name: Wenjing

Peng

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