ICMJE DISCLOSURE FORM

Date:_____2023-1-6_____
Your Name:_____Li Qin_____
Manuscript Title:Machine learning models for postoperative venous thromboembolism prediction in colorectal cancer inpatients: a retrospective study_____
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.**	√None	
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:

Dr. Qin has nothing to disclose.

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:___ ____2023-1-6_____

Your Name:_____Zhikun Liang_____

Manuscript Title:Machine learning models for postoperative venous thromboembolism prediction in colorectal cancer inpatients: a retrospective study_____ _____

Manuscript number (if known):_____

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3	Royalties or licenses	_√_None	
4	Consulting fees	_√_None	

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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	
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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:

Dr. Liang has nothing to disclose.

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:___ _____2023-1-6_____

Your Name:_____Jingwen Xie_____

Manuscript Title:Machine learning models for postoperative venous thromboembolism prediction in colorectal cancer inpatients: a retrospective study_____ _____

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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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:

Dr. Xie has nothing to disclose.

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:___ _____2023-1-6_____

Your Name:_____Guozeng Ye_____

Manuscript Title:Machine learning models for postoperative venous thromboembolism prediction in colorectal cancer inpatients: a retrospective study_____

Manuscript number (if known):_____

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		**Time frame: Since the initial planning of the work**	
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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	
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:

Mr. Ye has nothing to disclose.

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:_____2023-1-6_____
Your Name:_____Pengcheng Guan_____
Manuscript Title:Machine learning models for postoperative venous thromboembolism prediction in colorectal cancer inpatients: a retrospective study_____
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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	**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.**	√None	
	**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	
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:

Mr. Guan has nothing to disclose.

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:_____2023-1-6_____

Your Name:_____Yaoyao Huang_____

Manuscript Title:Machine learning models for postoperative venous thromboembolism prediction in colorectal cancer inpatients: a retrospective study_____

Manuscript number (if known):_____

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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:

Mrs. Huang has nothing to disclose.

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:_____2023-1-6_____

Your Name:_____Xiaoyan Li_____

Manuscript Title:Machine learning models for postoperative venous thromboembolism prediction in colorectal cancer inpatients: a retrospective study_____

Manuscript number (if known):_____

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_√_None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_√_None	
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> Dr. Li has nothing to disclose.

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