

Date: December 20, 2022

Your Name: Cong Ke

Manuscript Title: Investigation of the accuracy of magnetic resonance cholangiography in the diagnosis of cholangiocarcinoma

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 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.	<u>__NO__</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__NO__</u> None	
3	Royalties or licenses	<u>__NO__</u> None	
4	Consulting fees	<u>__NO__</u> None	
5	Payment or honoraria for	<u>__NO__</u> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> </u> <u>NO</u> <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <u>NO</u> <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <u>NO</u> <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <u>NO</u> <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <u>NO</u> <u> </u> None	
11	Stock or stock options	<u> </u> <u>NO</u> <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <u>NO</u> <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <u>NO</u> <u> </u> None	

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

X

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.

Date: December 20, 2022

Your Name: Tianyou Yang

Manuscript Title: **Investigation of the accuracy of magnetic resonance cholangiography in the diagnosis of cholangiocarcinoma**

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 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.	__NO__None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__NO__None	
3	Royalties or licenses	__NO__None	
4	Consulting fees	__NO__None	
5	Payment or honoraria for	__NO__None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> </u> <u>NO</u> <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <u>NO</u> <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <u>NO</u> <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <u>NO</u> <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <u>NO</u> <u> </u> None	
11	Stock or stock options	<u> </u> <u>NO</u> <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <u>NO</u> <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <u>NO</u> <u> </u> None	

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

X

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.

Date: December 20, 2022

Your Name: **Gaofeng Huang**

Manuscript Title: **Investigation of the accuracy of magnetic resonance cholangiography in the diagnosis of cholangiocarcinoma**

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 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.	<u>__NO__</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__NO__</u> None	
3	Royalties or licenses	<u>__NO__</u> None	
4	Consulting fees	<u>__NO__</u> None	
5	Payment or honoraria for lectures, presentations,	<u>__NO__</u> None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> </u> <u>NO</u> <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <u>NO</u> <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <u>NO</u> <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <u>NO</u> <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <u>NO</u> <u> </u> None	
11	Stock or stock options	<u> </u> <u>NO</u> <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <u>NO</u> <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <u>NO</u> <u> </u> None	

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

X

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.

Date: December 20, 2022

Your Name: Chunwei Gu

Manuscript Title: Investigation of the accuracy of magnetic resonance cholangiography in the diagnosis of cholangiocarcinoma

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 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.	<u>__NO__ None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__NO__ None</u>	
3	Royalties or licenses	<u>__NO__ None</u>	
4	Consulting fees	<u>__NO__ None</u>	
5	Payment or honoraria for lectures, presentations,	<u>__NO__ None</u>	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> </u> <u>NO</u> <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <u>NO</u> <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <u>NO</u> <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <u>NO</u> <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <u>NO</u> <u> </u> None	
11	Stock or stock options	<u> </u> <u>NO</u> <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <u>NO</u> <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <u>NO</u> <u> </u> None	

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

X

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.