Date: 2023-01-29

Your Name: MaoYuan Yang

Manuscript Title: Value of contrast-enhanced magnetic resonance imaging-T2WI-based radiomic features in

distinguishing lung adenocarcinoma from lung squamous cell carcinoma

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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | None | planning of the work |
| | medical writing, article processing charges, etc.) No time limit for this item. | | |
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| | | 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 | _√None | | | |
|-----|---|---------------------------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | _√None | | | |
| | testimony | | | | |
| | <u> </u> | | | | |
| 7 | Support for attending meetings and/or travel | None | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | _√None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | _√None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | _√None | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | √ None | | | |
| | Stock of Stock options | | | | |
| | | | | | |
| 12 | Receipt of equipment, | √ None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | _√None | | | |
| | financial interests | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | |
| | The author has no conflict | s of interest to declare. | | | |
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Date: 2023-01-29
Your Name: Liang Shi

Manuscript Title: Value of contrast-enhanced magnetic resonance imaging-T2WI-based radiomic features in

distinguishing lung adenocarcinoma from lung squamous cell carcinoma

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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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | _√ _None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _√None | |
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| 4 | Consulting fees | _√None | |
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| 5 | Payment or honoraria for | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| 7 | Company for attending | / 1 | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | / None | |
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| 9 | Participation on a Data | √ None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _√None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 4.4 | group, paid or unpaid | , | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | √ None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _√None | |
| | financial interests | | |
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| The author has no conflicts of interest to declare. | | | |
| | The author has no confine | is of interest to declare. | |
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Date: 2023-01-29

Your Name: Tianwei Huang

Manuscript Title: Value of contrast-enhanced magnetic resonance imaging-T2WI-based radiomic features in

distinguishing lung adenocarcinoma from lung squamous cell carcinoma

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: 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 | |

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| 5 | Payment or honoraria for lectures, presentations, | None | | | |
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| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | _√None | | | |
| | testimony | | | | |
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| 7 | Support for attending | None | | | |
| | meetings and/or travel | | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| 44 | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
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| 12 | Descript of a suit mount | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | None | | | |
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| | services | | | | |
| 13 | Other financial or non- | √ None | | | |
| | financial interests | | | | |
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| Ple | ease summarize the above c | onflict of interest in the f | ollowing box: | | |
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| The author has no conflicts of interest to declare. | | | | | |
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Date:2023-01-29

Your Name: Guangzheng Li

Manuscript Title: Value of contrast-enhanced magnetic resonance imaging-T2WI-based radiomic features in

distinguishing lung adenocarcinoma from lung squamous cell carcinoma

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 | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
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| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _√None | |
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| 4 | Consulting fees | _√None | |
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| 5 | Payment or honoraria for | _√None | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | _√None | | | |
| | testimony | | | | |
| | <u> </u> | | | | |
| 7 | Support for attending meetings and/or travel | None | | | |
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| 8 | Patents planned, issued or | _√None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | _√None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | _√None | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | √ None | | | |
| | Stock of Stock options | | | | |
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| 12 | Receipt of equipment, | √ None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | _√None | | | |
| | financial interests | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | |
| | The author has no conflict | s of interest to declare. | | | |
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Date:2023-01-29

Your Name: Hancheng Shao

Manuscript Title: Value of contrast-enhanced magnetic resonance imaging-T2WI-based radiomic features in

distinguishing lung adenocarcinoma from lung squamous cell carcinoma

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: 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 | |

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| | | | |
| 5 | lectures, presentations, | None | |
| | | | |
| | speakers bureaus, | | |
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| | educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | _√None | |
| | meetings and/or traver | | |
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| 8 | Patents planned, issued or pending | None | |
| | penulis | | |
| 9 | Participation on a Data | / Name | |
| 9 | Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | / 1 | |
| 10 | in other board, society, | None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | √ None | |
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| 12 | Receipt of equipment, | √ None | |
| | materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | √ None | |
| | financial interests | | |
| | | | |
| | rase summarize the above conflict | | lowing box: |

Date: 2023-01-29

Your Name: Yijun Shen

Manuscript Title: Value of contrast-enhanced magnetic resonance imaging-T2WI-based radiomic features in

distinguishing lung adenocarcinoma from lung squamous cell carcinoma

Manuscript number (if known):_____

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | _√None | |

| 5 | Payment or honoraria for | _√None | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
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| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | _√None | | | |
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| | | | | | |
| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| 4.0 | Advisory Board | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | _√None | | | |
| | | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | √ None | | | |
| | | | | | |
| | | | | | |
| 12 | Receipt of equipment, | √ None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | √ None | | | |
| | financial interests | | | | |
| | | | | | |
| | Please summarize the above conflict of interest in the following box: The author has no conflicts of interest to declare. | | | | |
| | | | | | |

Date:<u>2023-01-29</u> Your Name:<u>Jun Zhu</u>

Manuscript Title: Value of contrast-enhanced magnetic resonance imaging-T2WI-based radiomic features in distinguishing lung adenocarcinoma from lung squamous cell carcinoma

Manuscript number (if known):

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| | 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 | None | | | | | |
|---|---|-------------------------------|-------------|--|--|--|--|
| | lectures, presentations, | | | | | | |
| | speakers bureaus, | | | | | | |
| | manuscript writing or educational events | | | | | | |
| 6 | Payment for expert | / Nana | | | | | |
| U | testimony | None | | | | | |
| | | | | | | | |
| 7 | Support for attending meetings and/or travel | √ None | | | | | |
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| 8 | Patents planned, issued or | _√None | | | | | |
| | pending | | | | | | |
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| 9 | Participation on a Data | None | | | | | |
| | Safety Monitoring Board or Advisory Board | | | | | | |
| 10 | Leadership or fiduciary role | / ** | | | | | |
| 10 | in other board, society, | None | | | | | |
| | committee or advocacy | | | | | | |
| | group, paid or unpaid | | | | | | |
| 11 | Stock or stock options | _√None | | | | | |
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| | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | _√None | | | | | |
| | | | | | | | |
| | writing, gifts or other services | | | | | | |
| 13 | Other financial or non- financial interests | √ None | | | | | |
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| DI | ease summarize the above c | onflict of interest in the fo | lowing boy: | | | | |
| - 10 | Please summarize the above conflict of interest in the following box: | | | | | | |
| The author has no conflicts of interest to declare. | | | | | | | |
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Date:<u>2023-01-29</u> Your Name:<u>Bin Ni</u>

Manuscript Title: Value of contrast-enhanced magnetic resonance imaging-T2WI-based radiomic features in distinguishing lung adenocarcinoma from lung squamous cell carcinoma

Manuscript number (if known):

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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, | _√None | | | | | |
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| | speakers bureaus, | | | | | | |
| | manuscript writing or | | | | | | |
| _ | educational events | | | | | | |
| 6 | Payment for expert | None | | | | | |
| | testimony | | | | | | |
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| 7 | Support for attending | _√None | | | | | |
| | meetings and/or travel | | | | | | |
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| | pending | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or | None | | | | | |
| | Advisory Board | | | | | | |
| 10 | Leadership or fiduciary role | / N | | | | | |
| 10 | in other board, society, | None | | | | | |
| | committee or advocacy | | | | | | |
| | group, paid or unpaid | | | | | | |
| 11 | Stock or stock options | √ None | | | | | |
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| 12 | Receipt of equipment, | _√None | | | | | |
| | materials, drugs, medical | | | | | | |
| | writing, gifts or other | | | | | | |
| | services | | | | | | |
| 13 | Other financial or non- financial interests | None | | | | | |
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