Date: 6-Nove	ember-2022
Your Name: Y	ue Wang
•	tle: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating ess of pulmonary ground-glass nodules
Manuscript nu	ımber (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</u> <u>manuscript only</u>.

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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)
		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	

_	Daymant or handrain for	d Name	
5	5 Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending meetings and/or travel	None	
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	
10	in other board, society,	<u>-γ</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√_None	
12	Receipt of equipment,	√_None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	_√_None	
13	financial interests	<u> </u>	
	Timumeral interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

<u>x</u>		l every question and have no	t altered the wording of any of	the questions on this
	form.			

Date:	6-November-2022
Your	Name: Hebing Chen
	sscript Title: _ A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of vasiveness of pulmonary ground-glass nodules
 Manu	uscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	_√_None	

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5	Payment or honoraria for	_√_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
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		√None	
in other board, society,			
	committee or advocacy		
	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	
13	financial interests	<u> </u>	
	manara micresis		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

No conflict of interest.		

<u>X</u>	I certify that I have answered every question and have not altered the wording of any of the questions on form.	this

Manus	script number (if known):
the inv	rasiveness of pulmonary ground-glass nodules
Manus	script Title:_ A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of
Your N	Name: Yuyang Chen
Date:	6-November-2022

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5	Payment or honoraria for	_√_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending	√ None	
	meetings and/or travel		
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	
11	Stock of Stock options	None	
12	Descipt of aguinment	./ None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
4.5	services	1	
13	Other financial or non-	Lian Yang and Yuyang	
	financial interests	Chen have a mother-son	
		relationship.	

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

Lian Yang and Yuyang Chen have a mother-son relationship, but there was no conflict of interest with this study.

Plea	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 question.				

Date: 6-November	-2022
Your Name: Zhengi	uang Zhong
	_ A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating pulmonary ground-glass nodules
Manuscript number	(if known):

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4	Consulting fees	_√_None	

5	Payment or honoraria for	√_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
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7	Cuppert for attending	/ None	
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8	Patents planned, issued or	√_None	
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9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	√ None	
10	in other board, society,	IVOITE	
	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	1	
13	Other financial or non-	√_None	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the fo	llowing hox:
	ase summarize the above co	milet of interest in the 10	nowing box.
	lo conflict of interest.		

<u>x</u>		l every question and have no	t altered the wording of any of	the questions on this
	form.			

Date:	6-November-2022
Your	Name: Haoyu Huang
	uscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of vasiveness of pulmonary ground-glass nodules
Manı	uscript 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	

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5	Payment or honoraria for	√_None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_√_None		
	testimony			
7	Support for attending	_√_None		
	meetings and/or travel			
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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			
	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-	Haoyu Huang is an		
	financial interests	employee of Philips		
		Healthcare.		
Plea	Please summarize the above conflict of interest in the following box:			

Haoyu Huang is an employee of Philips Healthcare.

Plea	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 quest form.				

	6-November-2022	
Your I	ame: Peng Sun	
	cript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminatin siveness of pulmonary ground-glass nodules	g of
Manu	cript number (if known):	

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3	Royalties or licenses	None	
4	Consulting fees	_√_None	

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5	Payment or honoraria for	√ None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	/ None		
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7	Support for attending	_√_None		
	meetings and/or travel			
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			
	group, paid or unpaid			
11	Stock or stock options	√ None		
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12	Receipt of equipment,	√ None		
12	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	Dong Sun is an amplayee		
13		Peng Sun is an employee		
	financial interests	of Philips Healthcare.		
Plea	se summarize the above co	nflict of interest in the following	owing box:	
D	Pang Sun is an amployee of Philips Healthcare			

Peng Sun is an employee of Philips Healthcare.

Please place an "X" next to the following statement to indicate your agre	eemen	t
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	6-November-2022	
Your I	Name: Xiaohui Zhang	
	script Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating vasiveness of pulmonary ground-glass nodules	; of
Manu	script number (if known):	

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3	Royalties or licenses	None	
4	Consulting fees	_√_None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
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7	Support for attending	√ None	
	meetings and/or travel		
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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		
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11	Stock or stock options	√ None	
	Stock of Stock options		
12	Receipt of equipment,	√ None	
14	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	Xiaohui Zhang is an	
13	financial interests	employee of Philips	
	illianciai iliterests	Healthcare.	
		пеанисаге.	

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

Xiaohui Zhang is an employee of Philips Healthcare.	

Plea	Please place an "X" next to the following statement to indicate your agreement:			
<u>x</u>	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	Date: 6-November-2022	
Your I	Your Name: Yiliang Wan	
	Manuscript Title: A semiautomated radiomics model based on multimodal dual-lathe invasiveness of pulmonary ground-glass nodules	yer spectral CT for preoperative discriminating of
Manu	Manuscript number (if known):	

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5	Payment or honoraria for	_√_None	
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6	Payment for expert	√ None	
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7	Support for attending	√ None	
,	meetings and/or travel	None	
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8	Patents planned, issued or	√_None	
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9	Participation on a Data Safety Monitoring Board or	√_None	
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10	Leadership or fiduciary role	_√_None	
	in other board, society,		
	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-	Yiliang Wan is an	
	financial interests	employee of Neusoft	
		Medical Systems Co., Ltd.	
		The state of states and states	
Please summarize the above conflict of interest in the following box:			

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

Yiliang Wan is an employee of Neusoft Medical Systems Co., Ltd.

Please place an "X" next to the foll	owing statement to indicate y	our agreement
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Manu	script number (if known):
	script Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discrimination invasiveness of pulmonary ground-glass nodules
Your I	Name: Lingli Li
	6-November-2022

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3	Royalties or licenses	None	
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5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	√_None	
	pending		
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9	Participation on a Data	√_None	
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13	financial interests		
	ase summarize the above co	nflict of interest in the foll	owing box:

<u>x</u>		l every question and have no	t altered the wording of any of	the questions on this
	form.			

Date:	6-November-2022
Your I	Name: Tianhe Ye
	script Title:_ A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating or vasiveness of pulmonary ground-glass nodules
 Manu	script number (if known):

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4	Consulting fees	_√_None	

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5	Payment or honoraria for	_√_None	
	lectures, presentations,		
	speakers bureaus,		
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	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	√_None	
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9	Participation on a Data	√_None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	√_None	
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11	Stock or stock options	√_None	
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12	Receipt of equipment,	√_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non- financial interests	None	
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Ple	ease summarize the above c	onflict of interest in the	following box:
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No with	out conflict of interest.		

<u>X</u>	I certify that I have answered every question and have not altered the wording of any of the questions on form.	this

Date:	6-November-2022
Your l	Name: Feng Pan
	script Title:_ A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of vasiveness of pulmonary ground-glass nodules
 Manu	script 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, 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	

-	December of the control of the	, No.	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_	5	()	
9	Participation on a Data	√_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	√ None	
10	in other board, society,	<u></u>	
	committee or advocacy		
	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	
13	financial interests		
	ase summarize the above co	nflict of interest in the foll	owing box:

<u>X</u>	I certify that I have answered every question and have not altered the wording of any of the questions on form.	this

Date:	6-November-2022
Your N	lame: Lian Yang
	script Title:_ A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of asiveness of pulmonary ground-glass nodules
 Manus	script number (if known):

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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)
		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	

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5	Payment or honoraria for	√ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
		/ 21	
6	Payment for expert	None	
	testimony		
7	Support for attending	_√_None	
	meetings and/or travel		
	<i>.</i>		
8	Patents planned, issued or	√_None	
	pending		
9	Participation on a Data	√ None	
,	Safety Monitoring Board or	<u></u>	
	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	
	·		
12	Receipt of equipment,	√ None	
12		NONE	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	Lian Yang and Yuyang	
	financial interests	Chen have a mother-son	
		relationship.	
		·	

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

Lian Yang and Yuyang Chen have a mother-son relationship, but there was no conflict of interest with this study.

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 question.		