

ICMJE DISCLOSURE FORM

Date: 6-November-2022 _____

Your Name: Yue Wang _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

<p>No conflict of interest.</p>

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: 6-November-2022 _____

Your Name: Hebing Chen _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6-November-2022 _____

Your Name: Yuyang Chen _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

Manuscript number (if known): _____

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Lian Yang and Yuyang 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 questions on this form.

ICMJE DISCLOSURE FORM

Date: 6-November-2022

Your Name: Zhenguang Zhong

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

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

No conflict of interest.

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: 6-November-2022 _____

Your Name: Haoyu Huang _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Haoyu Huang is an employee of Philips Healthcare.	

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

Haoyu Huang is an employee of Philips Healthcare.

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: 6-November-2022 _____

Your Name: Peng Sun _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

Manuscript number (if known): _____

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11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>√</u> None	
13	Other financial or non-financial interests	Peng Sun is an employee of Philips Healthcare.	

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

Peng Sun is an employee of Philips Healthcare.

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: 6-November-2022 _____

Your Name: Xiaohui Zhang _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Xiaohui Zhang is an employee of Philips Healthcare.	

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

Xiaohui Zhang is an employee of Philips Healthcare.

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ICMJE DISCLOSURE FORM

Date: 6-November-2022 _____

Your Name: Yiliang Wan _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>√</u> None	
13	Other financial or non-financial interests	Yiliang Wan is an employee of Neusoft Medical Systems Co., Ltd.	

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

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

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ICMJE DISCLOSURE FORM

Date: 6-November-2022

Your Name: Lingli Li

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6-November-2022

Your Name: Tianhe Ye

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

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Date: 6-November-2022 _____

Your Name: Feng Pan _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

No conflict of interest.

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: 6-November-2022 _____

Your Name: Lian Yang _____

Manuscript Title: A semiautomated radiomics model based on multimodal dual-layer spectral CT for preoperative discriminating of the invasiveness of pulmonary ground-glass nodules

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Lian Yang and Yuyang 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 questions on this form.