Date: Jun. 25 ^{tl}	^h , 2021	
Your Name:	Ping Cong	
Manuscript Title:	Development and validation a radiomics nomogram for diagnosing occult brain	<u>metastasis in</u>
patients with stag	e IV lung adenocarcinoma	
Manuscript numb	er (if known): <u>TCR-21-702</u>	

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>.

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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun. 25 ^t	^h , 2021	
Your Name:	Qingtao Qiu	
Manuscript Title:	Development and validation a radiomics nomogram for diagnosing occult brain	<u>metastasis in</u>
patients with stag	ge IV lung adenocarcinoma	
Manuscript numb	per (if known): <u>TCR-21-702</u>	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun. 25 ^{tl}	^h , 2021	
Your Name:	Xingchao Li	
Manuscript Title:	Development and validation a radiomics nomogram for diagnosing occult brain	<u>metastasis in</u>
patients with stag	e IV lung adenocarcinoma	
Manuscript numb	er (if known): <u>TCR-21-702</u>	

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4	Consulting fees	XNone	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun. 25 ^t	^h , 2021			
Your Name:	Qian Sun			
Manuscript Title:	Development and validation a radiomics nomogram for diagnosing occult brain metastasis in			
patients with stage IV lung adenocarcinoma				
Manuscript numb	er (if known): <u>TCR-21-702</u>			

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
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8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun. 25 ^t	^h , 2021		
Your Name:	Xiaoming Yu		
Manuscript Title:	Development and validation a radiomics nomogram for diagnosing occult brain	<u>metastasis in</u>	
patients with stage IV lung adenocarcinoma			
Manuscript numb	er (if known): <u>TCR-21-702</u>		

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4	Consulting fees	XNone	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun. 25 ^t	^h , 2021		
Your Name:	Yong Yin		
Manuscript Title:	Development and validation a radiomics nomogram for diagnosing occult brain metastasis in		
patients with stage IV lung adenocarcinoma			
Manuscript numb	er (if known): <u>TCR-21-702</u>		

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