| Date:Jan.14th,2022 |
|---|
| Your Name: Jianheng Wu |
| Manuscript Title: Analysis of DWI in the classification of glioma pathology and its therapeutic application |
| In clinical surgery: a case-control study |
| 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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| 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 | pranning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _XNone | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

| Payment or honoraria for | XNone | |
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| lectures, presentations, | | |
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| Payment for expert | _XNone | |
| testimony | | |
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| Support for attending | _XNone | |
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| Patents planned, issued or | None | |
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| Receipt of equipment, | X None | |
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| services | | |
| Other financial or non- | XNone | |
| financial interests | | |
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| ease summarize the above o | onflict of interest in the fo | ollowing box: |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Passe summarize the above conflict of interest in the forest in |

| Date:Jan.14th,2022 |
|---|
| Your Name: Ranyu Su |
| Manuscript Title: Analysis of DWI in the classification of glioma pathology and its therapeutic application |
| In clinical surgery: a case-control study |
| Manuscript number (if known): |

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| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

| 5 | Payment or honoraria for | X None | |
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| _ | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | _XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| - | pending | | |
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| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services Other financial or non- | V None | |
| 13 | Other financial or non- financial interests | XNone | |
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| Date: Jan.14th,2022 |
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| Your Name: Di Qiu |
| Manuscript Title: Analysis of DWI in the classification of glioma pathology and its therapeutic application |
| In clinical surgery: a case-control study |
| Manuscript number (if known): |

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| 4 | Consulting fees | _XNone | |

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| _ | lectures, presentations, | | |
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| | educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
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| 7 | Support for attending | _XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| - | pending | | |
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| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services Other financial or non- | V None | |
| 13 | Other financial or non- financial interests | XNone | |
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| Date:Jan.14th,2022 |
|---|
| Your Name: Xiaozhi Cheng |
| Manuscript Title: Analysis of DWI in the classification of glioma pathology and its therapeutic application |
| In clinical surgery: a case-control study |
| Manuscript number (if known): |

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| 4 | Consulting fees | _XNone | |

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| | speakers bureaus, | | |
| | manuscript writing or | | |
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| 6 | Payment for expert | X None | |
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| | | | |
| 7 | Support for attending | _XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
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| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
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| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services Other financial or non- | V None | |
| 13 | Other financial or non- financial interests | XNone | |
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| Date: Jan.14th,2022 |
|---|
| Your Name: Linfan Li |
| Manuscript Title: Analysis of DWI in the classification of glioma pathology and its therapeutic application |
| In clinical surgery: a case-control study |
| Manuscript number (if known): |

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| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

| 5 | Payment or honoraria for | X None | | |
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| 6 | Payment for expert | X None | | |
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| 7 | Support for attending | X 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 Safety Monitoring Board or | XNone | | |
| | Advisory Board | | | |
| 10 | | V Nana | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| 11 | Stock of Stock options | | | |
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| 12 | Receipt of equipment, | X None | | |
| 12 | materials, drugs, medical | XNone | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
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| | None. | | | |
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| Date:Jan.14th,2022 |
|---|
| Your Name: Chunming Huang |
| Manuscript Title: Analysis of DWI in the classification of glioma pathology and its therapeutic application |
| In clinical surgery: a case-control study |
| Manuscript number (if known): |

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| 3 | Royalties or licenses | _XNone | |
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| _ | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | X None | | |
| | testimony | | | |
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| 7 | Support for attending | X None | | |
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| 8 | Patents planned, issued or | None | | |
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| 9 | Participation on a Data Safety Monitoring Board or | XNone | | |
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| 10 | Leadership or fiduciary role in other board, society, | XNone | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| 11 | Stock of Stock options | | | |
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| 12 | Receipt of equipment, | X None | | |
| 12 | materials, drugs, medical | XNone | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
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| | None. | | | |
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| Date:Jan.14th,2022 |
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| Your Name: Qingchun Mu |
| Manuscript Title: Analysis of DWI in the classification of glioma pathology and its therapeutic application |
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| Manuscript number (if known): |

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| 5 | Payment or honoraria for | X None | | |
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| | speakers bureaus, | | | |
| | manuscript writing or | | | |
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| 6 | Payment for expert | X None | | |
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| 7 | Support for attending | X None | | |
| | meetings and/or travel | | | |
| | ζ , | | | |
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| 8 | Patents planned, issued or | None | | |
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| | Double on the Dobe | V None | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | |
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| 10 | | V Nana | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| 11 | Stock of Stock options | XNone | | |
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| 12 | Receipt of equipment, | X None | | |
| 12 | materials, drugs, medical | XNone | | |
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| | financial interests | | | |
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| | None. | | | |
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