

ICMJE DISCLOSURE FORM

Date: 09/23/23

Your Name: Kathleen Capaccione

Manuscript Title: Can Hounsfield Units on Chest CT Characterize Breast Nodules as cystic or solid?

Manuscript number (if known): TBCR-23-34

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.	X ___ None	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X ___ None	
3	Royalties or licenses	__ x __ None	
4	Consulting fees	___ None	Advisor, Cardinal Health
5	Payment or honoraria for lectures, presentations, speakers' bureaus, manuscript writing or educational events	__ x __ None	
6	Payment for expert testimony	X ___ None	
7	Support for attending meetings and/or travel	__ x __ None	
8	Patents planned, issued or pending	_ x ___ None	
9	Participation on a Data	X ___ None	

	Safety Monitoring Board or Advisory Board		
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:

Advisor for Cardinal Health Oncology Summits

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

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: 10/16/2023

Your Name: Elise Desperito

Manuscript Title: Can Hounsfield Units on Chest CT Characterize Breast Nodules as cystic or solid?

Manuscript number (if known): TBCR-23-34

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X___ None	
3	Royalties or licenses	__x__ None	
4	Consulting fees	__x__ None	
5	Payment or honoraria for lectures, presentations, speakers' bureaus, manuscript writing or educational events	__x__ None	
6	Payment for expert testimony	X___ None	
7	Support for attending meetings and/or travel	__x__ None	
8	Patents planned, issued or pending	__x__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X___ 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:

None

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 09/21/2023
 Your Name: Arnold Caleb Asiimwe
 Manuscript Title: Can Hounsfield Units on Chest CT Characterize Breast Nodules as cystic or solid?
 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 lectures, presentations, speakers' bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None

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

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: September 21, 2023

Your Name: Mary Salvatore

Manuscript Title: Can Hounsfield Units on Chest CT Characterize Breast Nodules as cystic or solid?

Manuscript number (if known): TBCR-23-34

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

5	Payment or honoraria for lectures, presentations, speakers' bureaus, manuscript writing or educational events	___ None	PEER (Self)
			France Foundation (Self)
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	Bioclinica (self)
			Lung Life AI (self)

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

Mary Salvatore has received grant funding paid to the hospital, money for lectures and research paid to her directly.

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.