

ICMJJE DISCLOSURE FORM

Date: 12-5-21

Your Name: Jiajun Deng

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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) |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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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: 12-5-21

Your Name: Mengmeng Zhao

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12-5-21

Your Name: Qiuyuan Li

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12-5-21

Your Name: Yikai Zhang

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid nodules

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 12-5-21

Your Name: Minjie Ma

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid nodules

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 12-5-21

Your Name: Chuanyi Li

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid nodules

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 12-5-21

Your Name: Jun Wang

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12-5-21

Your Name: Yunlang She

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid nodules

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Date: 12-5-21

Your Name: Yan Jiang

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid nodules

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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:

X 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: 12-5-21

Your Name: Yunzeng Zhang

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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) |
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| 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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: 12-5-21

Your Name: Tingting Wang

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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.

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| 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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.

ICMJE DISCLOSURE FORM

Date: 12-5-21

Your Name: Chunyan Wu

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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.

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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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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: 12-5-21

Your Name: Likun Hou

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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.

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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: 12-5-21

Your Name: Sheng Zhong

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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.

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| 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None | I report employment at Tailai Biosciences Inc., Shenzhen, China. |

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

I report employment at Tailai Biosciences Inc., Shenzhen, China.

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: 12-5-21

Your Name: Shengxi Jin

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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.

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| 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None | I report employment at Diane Technology, Shanghai, China |

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

I report employment at Diane Technology, Shanghai, China

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: 12-5-21

Your Name: Dahong Qian

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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: 12-5-21

Your Name: Dong Xie

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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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| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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: 12-5-21

Your Name: Yuming Zhu

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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.

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| 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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.

ICMJE DISCLOSURE FORM

Date: 12-3-21

Your Name: _Yasmeen K. Tandon

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input 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.

ICMJE DISCLOSURE FORM

Date: December 6, 2021

Your Name: Annemiek Snoeckx

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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.

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| 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___ None | |
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| 3 | Royalties or licenses | ___ None | |
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| 4 | Consulting fees | ___ None | |
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| | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | ___ None | |
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| 7 | Support for attending meetings and/or travel | ___ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| 11 | Stock or stock options | ___ None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| 13 | Other financial or non-financial interests | ___ None | |
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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: 12-5-21

Your Name: Feng Jin

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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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None.

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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: 12-5-21

Your Name: Bentong Yu

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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.

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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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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: 12-5-21

Your Name: Guofang Zhao

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

None.

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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: 12-5-21

Your Name: Chang Chen

Manuscript Title: Implementation of artificial intelligence in the histological assessment of pulmonary subsolid 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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| 8 | Patents planned, issued or pending | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None | |

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

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