ICMJE DISCLOSURE FORM

Date: _____Dec.22, 2021____
Your Name: ___ Guangyu Tao ___
Manuscript Title: _____ Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort 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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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.) | _X_ None                                                                        |
|   | **No time limit for this item.**                                                                  |                                                                                  |
|   | **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                                                                        |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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 | X None |
| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                   | X 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.
ICMJE DISCLOSURE FORM

Date: _____Dec. 22, 2021____
Your Name: ___Li Zhu___
Manuscript Title: _____Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort 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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|   | **No time limit for this item.** | |
| 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 |

| **Time frame: past 36 months** | | |
| | | |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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 | _X__None |
| 11| Stock or stock options                                                      | _X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__None |
| 13| Other financial or non-financial interests                                   | _X__None |

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ICMJE DISCLOSURE FORM

Date: Dec. 02, 2021
Your Name: Qunhui Chen
Manuscript Title: Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort 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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|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                               |                                                                                  |
| 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                                                                     |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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.

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ICMJE DISCLOSURE FORM

Date: ____Dec. 22, 2021____
Your Name: ___ Lekang Yin ___
Manuscript Title: _____ Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort 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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|---|---------------------------------|--------------------------------------------------------------------------------|
| **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 | __X__ None |
|   | Description                                                                 | _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 | _X_ None |
| 11| Stock or stock options                                                      | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                  | _X_ None |

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

None.

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ICMJE DISCLOSURE FORM

Date: _____Dec. 02, 2021_____  
Your Name: ____ Yamin Li __  
Manuscript Title: _____ Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort study _____  
Manuscript number (if known): ____________________________________________

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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.) | _X__None                                                                         |
|   | **No time limit for this item.**                                                               |                                                                                   |
| 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                                                                         |
|   | Description                                                                 | 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 | X  | None |
| 11| Stock or stock options                                                        | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X  | None |
| 13| Other financial or non-financial interests                                    | X  | None |

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

None.

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__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: Dec. 02, 2021
Your Name: Jiancheng Yang
Manuscript Title: Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort study
Manuscript number (if known):

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|   | No time limit for this item.                                                                    |                                                                                  |
| 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 |
| No. | Conflict of Interest Description                                                                                                                                                                                                 | Answer |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 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                                                                                                                               | X None |
| 11  | Stock or stock options                                                                                                                                                                                                          | X None |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                                                                                                                | X None |
| 13  | Other financial or non-financial interests                                                                                                                                                                                      | X None |

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ICMJE DISCLOSURE FORM

Date: Dec. 02, 2021
Your Name: Bingbing Ni
Manuscript Title: Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort study
Manuscript number (if known): 

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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.**

   _X_ None

   [Add rows as needed]

2. Grants or contracts from any entity (if not indicated in item #1 above).

   _X_ None

   [Add rows as needed]

3. Royalties or licenses

   _X_ None

   [Add rows as needed]

4. Consulting fees

   _X_ None

   [Add rows as needed]

**Time frame: past 36 months**

1. All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

   _X_ None

   [Add rows as needed]

2. Grants or contracts from any entity (if not indicated in item #1 above).

   _X_ None

   [Add rows as needed]

3. Royalties or licenses

   _X_ None

   [Add rows as needed]

4. Consulting fees

   _X_ None

   [Add rows as needed]
|   | Description                                                                 | Response |
|---|------------------------------------------------------------------------------|----------|
| 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     |

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None.

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Date: _____Dec. 22, 2021____
Your Name: ___Zheng Zhang___
Manuscript Title: _____ Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort study _____
Manuscript number (if known): ____________________________________________________________

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|   | No time limit for this item. | |

| **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 |
|   | Description                                                                 | X |  |
|---|-----------------------------------------------------------------------------|---|---|
| 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 | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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None.

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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: _____Dec. 22, 2021____
Your Name: ___Chi Wan Koo__
Manuscript Title: _____ Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort study _____
Manuscript number (if known): ____________________________________________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_. None |
|   | **No time limit for this item.**                                                              |                                                                                      |
| **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,               | XNone |
|   | speakers bureaus, manuscript writing or educational events     |     |
| 6 | 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    | XNone |
|   | Board or Advisory Board                                        |     |
| 10| Leadership or fiduciary role in other board, society,          | XNone |
|   | committee or advocacy group, paid or unpaid                    |     |
| 11| Stock or stock options                                        | XNone |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts  | XNone |
|   | or other services                                               |     |
| 13| Other financial or non-financial interests                      | XNone |

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

None.

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**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: _____ Dec. 22, 2021 ____
Your Name: ___ Pradnya D. Patil ___
Manuscript Title: _____ Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort 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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| **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.) | _X_ None | |
|   | **No time limit for this item.** | | |
| **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 | |
Please summarize the above conflict of interest in the following box:

None.

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__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: Dec. 22, 2021
Your Name: Yinan Chen
Manuscript Title: Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort study
Manuscript number (if known): 

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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 | _X_ None |
|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | None   |
|   | manuscript writing or educational events                                 |        |
| 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,                    | None   |
|   | committee or advocacy group, paid or unpaid                              |        |
| 11| Stock or stock options                                                   | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other  | None   |
|   | services                                                                  |        |
| 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:

__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: Dec. 22, 2021
Name: Hong Yu
Manuscript Title: Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort 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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|   | No time limit for this item. | |
| **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 |
|   | Description                                                                 | 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 | X | None |
| 11| Stock or stock options                                                        | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                    | X | None |

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None.

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ICMJE DISCLOSURE FORM

Date: _____Dec. 22, 2021_____  
Your Name: ____ Yi Xu ____  
Manuscript Title: ____ Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort 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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| **Time frame: past 36 months** |

|   | Conflict of Interest | Response |
|---|---------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony | __X__None |
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| 8 | Patents planned, issued or pending | __X__None |
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ICMJE DISCLOSURE FORM

Date: _____Dec. 22, 2021_____  
Your Name: ___ Xiaodan Ye___  
Manuscript Title: _____ Prediction of future imagery of lung nodule as growth modeling with follow-up computed tomography scans using deep learning: a retrospective cohort study ____  
Manuscript number (if known):__________________________________________________________________

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|   | **No time limit for this item.**                                                         |                                                                                  |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                | _X_ None                                                                       |
| 3 | Royalties or licenses                                                                    | _X_ None                                                                       |
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