ICMJE DISCLOSURE FORM

Date: 2021-10-09

Your Name: Xiaoyun Tan

Manuscript Title: Analysis of angiographic characteristics of kaposiform hemangioendothelioma and investigation of the value of transcatheter arterial embolization therapy

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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|   | 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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <br>No time limit for this item. | __None__ |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | __None__ |
| **3** | Royalties or licenses | __None__ |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 4 | Consulting fees                                                             | None   |
| 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, committee or advocacy | None   |
|   | 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:



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Date: 2021-10-09

Your Name: Zhenyin Liu

Manuscript Title: Analysis of angiographic characteristics of kaposiform hemangioendothelioma and investigation of the value of transcatheter arterial embolization therapy

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|   | No time limit for this item.                                                                      |                                                                                      |
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| 3 | Royalties or licenses                                                                          | None                                                                                 |
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Date: 2021-10-09

Your Name: Shaoyi Zhou

Manuscript Title: Analysis of angiographic characteristics of kaposiform hemangioendothelioma and investigation of the value of transcatheter arterial embolization therapy

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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ____None<br><br><br><br>Time frame: past 36 months |
| 3    | Royalties or licenses | ____None<br><br><br><br>Time frame: past 36 months |
|   | Consulting fees | None |
|---|----------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
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Date: 2021-10-09

Your Name: Kunshan Chen

Manuscript Title: Analysis of angiographic characteristics of kaposiform hemangioendothelioma and investigation of the value of transcatheter arterial embolization therapy

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| 3 | Royalties or licenses | None                                                                              |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Consulting fees     | None |
|---|---------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | 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 |
| 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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Date: 2021-10-09

Your Name: Ming Zhang

Manuscript Title: Analysis of angiographic characteristics of kaposiform hemangioendothelioma and investigation of the value of transcatheter arterial embolization therapy

Manuscript number (if known):

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).<br>Time frame: past 36 months | None                                                                               |
| 3 | Royalties or licenses<br>Time frame: past 36 months | None                                                                               |
|   | Conflict of Interest                                           | Outcome | Notes |
|---|---------------------------------------------------------------|---------|-------|
| 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    |       |

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Date: 2021-10-09

Your Name: Jiejun Xia

Manuscript Title: Analysis of angiographic characteristics of kaposiform hemangioendothelioma and investigation of the value of transcatheter arterial embolization therapy

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Time frame: Since the initial planning of the work

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

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Your Name: Yiqun Guo

Manuscript Title: Analysis of angiographic characteristics of kaposiform hemangioendothelioma and investigation of the value of transcatheter arterial embolization therapy

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |  |
| 3 | Royalties or licenses | None |  |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
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Your Name: Zijun Zhou

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