ICMJE DISCLOSURE FORM

Date: __________ 2021.11.10
Your Name: __Xing Wang__________________________________________________________
Manuscript Title: _____ A radiomics model combined with XGBoost may improve the accuracy of distinguishing between mediastinal cysts and tumors: a multicenter validation analysis ___________________________________________________________

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) |
|---|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 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. | _V_ None |
|   | Time frame: Since the initial planning of the work                                                                         |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                     | _V_ None |
|   | Time frame: past 36 months                                                                                                  |
| 3 | Royalties or licenses                                                                                                       | _V_ None |
| 4 | Consulting fees                                                                                                             | _V_ None |

Date: __________ 2021.11.10
Your Name: __Xing Wang__________________________________________________________
Manuscript Title: _____ A radiomics model combined with XGBoost may improve the accuracy of distinguishing between mediastinal cysts and tumors: a multicenter validation analysis ___________________________________________________________

Manuscript number (if known): ____________________________________________________________________
|   |   |   |
|---|---|---|
| 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:

I have no conflict of interests to declare.

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:___________ 2021.11.10
Your Name:____ Xiaofang You
Manuscript Title:____ A radiomics model combined with XGBoost may improve the accuracy of distinguishing between mediastinal cysts and tumors: a multicenter validation analysis
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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **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                                                                     |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | __√____None                                                                     |
|   |                                                                                             |                                                                                  |
| 3 | Royalties or licenses                                                                       | __√____None                                                                     |
|   |                                                                                             |                                                                                  |
| 4 | Consulting fees                                                                            | __√____None                                                                     |

|   | **Time frame: past 36 months**                                                               |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   |                                                                                             |                                                                                  |
|   | Description                                                                 | None |
|---|------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _V_ None |
| 6 | Payment for expert testimony                                                  | _V_ None |
| 7 | Support for attending meetings and/or travel                                  | _V_ None |
| 8 | Patents planned, issued or pending                                            | _V_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | _V_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _V_ None |
| 11| Stock or stock options                                                        | _V_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _V_ None |
| 13| Other financial or non-financial interests                                    | _V_ None |

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

I have no conflict of interests to declare.

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: _________ 2021.11.10

Your Name: Li Zhang

Manuscript Title: A radiomics model combined with XGBoost may improve the accuracy of distinguishing between mediastinal cysts and tumors: a multicenter validation analysis

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) |
|---|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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.** | _**V**_ None |
| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _**V**_ None |
| 3 | Royalties or licenses | _**V**_ None |
| 4 | Consulting fees | _**V**_ None |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations,               | None |
|   | speakers bureaus, 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     | None |
|   | Board                                                             |     |
| 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  | None |
|   | or other services                                               |     |
| 13| Other financial or non-financial interests                      | None |

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

I have no conflict of interests to declare.

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:___________ 2021.11.10
Your Name:____ Dayu Huang __________________________________________________________
Manuscript Title:_____ A radiomics model combined with XGBoost may improve the accuracy of distinguishing between mediastinal cysts and tumors: a multicenter validation analysis _______________________________________
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) |
|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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. | __V__None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __V__None |
| 3 | Royalties or licenses | __V__None |
| 4 | Consulting fees | __V__None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 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:

I have no conflict of interests to declare.

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:___________ 2021.11.10
Your Name:____ Beatrice Aramini
Manuscript Title:____ A radiomics model combined with XGBoost may improve the accuracy of distinguishing between mediastinal cysts and tumors: a multicenter validation analysis
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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | _V__None | |
|   | Time frame: Since the initial planning of the work | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _V__None | |
| 3 | Royalties or licenses | _V__None | |
| 4 | Consulting fees | _V__None | |
|   | Time frame: past 36 months | |

|   | 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:

I have no conflict of interests to declare.

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:_______ 2021.11.10

Your Name:____ Leonid Shabaturov

Manuscript Title:____ A radiomics model combined with XGBoost may improve the accuracy of distinguishing between mediastinal cysts and tumors: a multicenter validation analysis

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) |
|---|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|   | 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.) | __✓__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).                         | __✓__None                                                                           |
| 3 | Royalties or licenses                                                                            | __✓__None                                                                           |
| 4 | Consulting fees                                                                                  | __✓__None                                                                           |
|   | Description                                                                 |   |   |
|---|------------------------------------------------------------------------------|---|---|
| 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:

I have no conflict of interests to declare.

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.
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.

| Item | Time frame: Since the initial planning of the work | 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.) No time limit for this item. | Grants or contracts from any entity (if not indicated in item #1 above). |
| 2    | _✓_ None | _✓_ None |
| 3    | _✓_ None | _✓_ None |
| 4    | _✓_ None | _✓_ None |
Please summarize the above conflict of interest in the following box:

I have no conflict of interests to declare.

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:___________2021.11.10__________________________________________________________
Your Name:____Fan Jiang__________________________________________________________
Manuscript Title:____A radiomics model combined with XGBoost may improve the accuracy of distinguishing between mediastinal cysts and tumors: a multicenter validation analysis___________________________________
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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | __V__None<br>**Time frame: Since the initial planning of the work**<br>**No time limit for this item.** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __V__None<br>**Time frame: past 36 months**<br>**No time limit for this item.** |
| 3 | Royalties or licenses | __V__None<br>**Time frame: past 36 months**<br>**No time limit for this item.** |
| 4 | Consulting fees | __V__None<br>**Time frame: past 36 months**<br>**No time limit for this item.** |
|   | Description                                                                 | X | 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          | _√_ | None |
|   | 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:

I have no conflict of interests to declare.

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.