ICMJE DISCLOSURE FORM

Date: ___________________________2021.10.13__________________________________________
Your Name: ___________________________ Qian Cui_____________________________________

Manuscript Title: Value of breast MRI omics features and clinical characteristics in Breast Imaging Reporting and Data System (BI-RADS) category 4 breast lesions: an analysis of radiomics-based diagnosis
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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|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
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| Time frame: past 36 months | | |
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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
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|---|---|---|
| 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 |
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| 13 | Other financial or non-financial interests | __None |

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Date: ________________________________ 2021.10.13

Your Name: ________________________________ Liang Sun

Manuscript Title: Value of breast MRI omics features and clinical characteristics in Breast Imaging Reporting and Data System (BI-RADS) category 4 breast lesions: an analysis of radiomics-based diagnosis

Manuscript number (if known): ____________________________________________________________

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|      | ____None                                                                                       |                                                                                   |
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| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                      | ____None                                                                         |
|      |                                                                                               |                                                                                   |
| 3    | Royalties or licenses                                                                         | ____None                                                                         |
|      |                                                                                               |                                                                                   |
| 4    | Consulting fees                                                                              | ____None                                                                         |
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Date:_________________________2021.10.13
Your Name:____________________________________________________________Yu Zhang

Manuscript Title: Value of breast MRI omics features and clinical characteristics in Breast Imaging Reporting and Data System (BI-RADS) category 4 breast lesions: an analysis of radiomics-based diagnosis
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| 4 | Consulting fees | ____None | |
| 5 | | | |

Time frame: past 36 months
|   | Description                                                                 | 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 |
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Date: __________________________ 2021.10.13

Your Name: _____________________ Shuo Li

Manuscript Title: Value of breast MRI omics features and clinical characteristics in Breast Imaging Reporting and Data System (BI-RADS) category 4 breast lesions: an analysis of radiomics-based diagnosis

Manuscript number (if known): ______________________________________________________________

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Time frame: Since the initial planning of the work

Time frame: past 36 months
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Date: ___________________________ 2021.10.13

Your Name: ___________________________ Yajie Liu

Manuscript Title: Value of breast MRI omics features and clinical characteristics in Breast Imaging Reporting and Data System (BI-RADS) category 4 breast lesions: an analysis of radiomics-based diagnosis

Manuscript number (if known): ____________________________________________________________

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Date: ___________________________ 2021.10.13
Your Name: Hongwei Ge ___________________________

Manuscript Title: Value of breast MRI omics features and clinical characteristics in Breast Imaging Reporting and Data System (BI-RADS) category 4 breast lesions: an analysis of radiomics-based diagnosis
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Date:_________________________ 2021.10.13
Your Name:___________________ Dongxue Qin

Manuscript Title: Value of breast MRI omics features and clinical characteristics in Breast Imaging Reporting and Data System (BI-RADS) category 4 breast lesions: an analysis of radiomics-based diagnosis
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Date: ______________________ 2021.10.13

Your Name: Yiping Zhao

Manuscript Title: Value of breast MRI omics features and clinical characteristics in Breast Imaging Reporting and Data System (BI-RADS) category 4 breast lesions: an analysis of radiomics-based diagnosis

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