| Date: Aug. 23 rd , 2023 | |
|---------------------------------------|--|
| Your Name: Jin Pang | |
| Manuscript Title: Interpretable mach | ne learning model based on the systemic inflammation response index and |
| ultrasound features can predict centr | al lymph node metastasis in cN0 T1-T2 papillary thyroid carcinoma |
| Manuscript number (if known): | |
| • | k 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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment of honoraria for | x ivone | |
|------|------------------------------|-------------------------------|-------------------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
| | · | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | XNone | |
| | meetings and/or traver | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | X | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | X | |
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| Dlaa | an accompanies the above an | uflict of interest in the fel | lawing have |
| Piea | se summarize the above co | nilict of interest in the for | lowing box: |
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| riea | se place an "X" next to the | ionowing statement to in | aicate your agreement: |

| Date: | Aug. | . 23 rd , 2023 | | | | | | | |
|--------|------------|---------------------------|---------------|------------|-------------|---------------|-------------|-----------------|---------------|
| Your I | Name: | Mohan Yang | | | | | | | |
| Manu | script Tit | tle: <u>Interpretabl</u> | e machine l | earning mo | del based o | on the syster | nic inflamr | mation respon | ise index and |
| ultras | ound fea | tures can predi | ct central ly | mph node ı | metastasis | in cN0 T1-T2 | papillary t | thyroid carcine | <u>oma</u> |
| Manu | iscript nu | ımber (if known |): | | | | | | |
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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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | X None | |
|----|--|-------------------------------|-------------|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | X None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | X None | |
| | perianig | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
| | | | |
| | ose summarize the above co | nflict of interest in the fol | lowing box: |

| | e: Aug. 23 rd , 2023 | | |
|------------------------|--|--|--|
| | r Name: <u>Jun Li</u> | | |
| Man | uscript Title: Interpretable | machine learning model ba | ased on the systemic inflammation response index and |
| <u>ultra</u> | asound features can predict | central lymph node metas | tasis in cN0 T1-T2 papillary thyroid carcinoma |
| Man | uscript number (if known): | | |
| relate part to trelate | ted to the content of your miles whose interests may be ansparency and does not not interest, it | nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do | |
| | following questions apply to uscript only. | o the author's relationship | s/activities/interests as they relate to the <u>current</u> |
| to th | • - | nsion, you should declare a | efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive manuscript. |
| | em #1 below, report all sup time frame for disclosure is | • | in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this | (e.g., if payments were made to you or to your |
| | | relationship or indicate | institution) |
| | | none (add rows as | |
| | | needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | X None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | X None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | X None | |
| | | | |
| | | | |
| 4 | Consulting fees | X None | |

X __None

| | lectures, presentations, speakers bureaus, | | |
|------|--|--------------------------------|------------|
| | manuscript writing or educational events | | |
| 6 | Payment for expert testimony | XNone | |
| | | | |
| 7 | Support for attending meetings and/or travel | X None | |
| | | | |
| 8 | Patents planned, issued or | V None | |
| 0 | pending | XNone | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | X_None | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | V Nama | |
| 11 | Stock of Stock options | X None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the foll | owing hox. |
| | ise summarize the above to | Thinet of interest in the foil | owing box. |
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| Date: Aug. 23 rd , 2023 |
|---|
| Your Name: Xiaoxiao Zhong |
| Manuscript Title: Interpretable machine learning model based on the systemic inflammation response index and |
| ultrasound features can predict central lymph node metastasis in cN0 T1-T2 papillary thyroid carcinoma |
| 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 |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | X None | |
|----|--|-------------------------------|-------------|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
| | perianig | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| | ose summarize the above co | nflict of interest in the fol | lowing box: |

| Date: Aug. 23 rd , 2023 | |
|---|---|
| Your Name: Xiangy | |
| Manuscript Title: Interpr | etable machine learning model based on the systemic inflammation response index and |
| ultrasound features can | predict central lymph node metastasis in cN0 T1-T2 papillary thyroid carcinoma |
| Manuscript number (if k | nown): |
| related to the content of parties whose interests i | rency, we ask you to disclose all relationships/activities/interests listed below that are your manuscript. "Related" means any relation with for-profit or not-for-profit third may be affected by the content of the manuscript. Disclosure represents a commitment is not necessarily indicate a bias. If you are in doubt about whether to list a |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | Time frame: Since the initial XNone | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | X None | |
|----|--|-------------------------------|-------------|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
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| 7 | 7 Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| | se summarize the above co | nflict of interest in the fol | lowing box: |

| Vou | Date: Aug. 23 rd , 2023 | | | | | |
|--|---|---|--|--|--|--|
| Your Name: Ting Chen | | | | | | |
| Manuscript Title: Interpretable machine learning model based on the systemic inflammation response index and | | | | | | |
| ultrasound features can predict central lymph node metastasis in cN0 T1-T2 papillary thyroid carcinoma | | | | | | |
| Mar | nuscript number (if known): | | | | | |
| rela part to ti rela | ted to the content of your naties whose interests may be ransparency and does not not it inship/activity/interest, it | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current | | | |
| | nuscript only. | o the author 3 relationship | os, activities, interests as they relate to the carrent | | | |
| The author's relationships/activities/interests should be <u>defined broadly</u> . 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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| | | Name all entities with | Specifications/Comments | | | |
| | | Name all entities with whom you have this | Specifications/Comments (e.g., if payments were made to you or to your | | | |
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| | | whom you have this relationship or indicate none (add rows as | (e.g., if payments were made to you or to your | | | |
| | | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) | | | |
| | | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | (e.g., if payments were made to you or to your institution) | | | |
| 1 | All support for the present | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) | | | |
| 1 | manuscript (e.g., funding, | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | (e.g., if payments were made to you or to your institution) | | | |
| 1 | manuscript (e.g., funding, provision of study materials, | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | (e.g., if payments were made to you or to your institution) | | | |
| 1 | manuscript (e.g., funding, provision of study materials, medical writing, article | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | (e.g., if payments were made to you or to your institution) | | | |
| 1 | manuscript (e.g., funding, provision of study materials, | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | (e.g., if payments were made to you or to your institution) | | | |
| 1 | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | (e.g., if payments were made to you or to your institution) | | | |
| 1 | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | (e.g., if payments were made to you or to your institution) | | | |
| 1 | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | (e.g., if payments were made to you or to your institution) al planning of the work | | | |
| 1 | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone | (e.g., if payments were made to you or to your institution) al planning of the work | | | |
| | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: pas | (e.g., if payments were made to you or to your institution) al planning of the work | | | |

Royalties or licenses

Consulting fees

4

X __None

X__None

| 5 | Payment or honoraria for lectures, presentations, | X None | |
|----|--|-------------------------------|-------------|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
| | | | |
| 7 | 7 Support for attending meetings and/or travel | X None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | X None | |
| | F | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
| | | | |
| | se summarize the above co | nflict of interest in the fol | lowing box: |

| Date: Aug. 23 rd , 2023 | | | | |
|--|---|---|---|--|
| Your Name: Liyuan Qian | | | | |
| Manuscript Title: Interpretable machine learning model based on the systemic inflammation response index and | | | | |
| ultrasound features can predict central lymph node metastasis in cN0 T1-T2 papillary thyroid carcinoma | | | | |
| Mar | 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 <u>current manuscript only</u> . The author's relationships/activities/interests should be <u>defined broadly</u> . 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. | | | | |
| | | T | | |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this relationship or indicate | (e.g., if payments were made to you or to your institution) | |
| | | none (add rows as | motitudion, | |
| | | needed) | | |
| | | Time frame: Since the initia | al planning of the work | |
| 1 | All support for the present | X None | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) No time limit for this item. | | | |
| | No time limit for this item. | | | |
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| | | T: | A 2C manaha | |
| 2 | Grants or contracts from | Time frame: pas X None | ot 50 months | |
| _ | any entity (if not indicated | X None | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | XNone | | |

4

Consulting fees

X_None

| 5 | Payment of honoraria for | x ivone | |
|------|------------------------------|-------------------------------|-------------------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
| | · | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | meetings and/or traver | | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | X | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | X | |
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| Dlaa | an accompanies the above an | uflict of interest in the fel | lawing have |
| Piea | se summarize the above co | milet of interest in the for | lowing box. |
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| DI | se place on "V" want to the | following statement to in | dianto varra agracianto |
| riea | se place an "X" next to the | ionowing statement to in | aicate your agreement: |