

## ICMJE DISCLOSURE FORM

Date: 12/18/2023  
 Your Name: Milica Medved  
 Manuscript Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of growth rate – A pilot study  
 Manuscript number (if known): QIMS-23-1663

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Grant from General Electric for evaluation of patient conforming pelvic MR coil.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

Grant from General Electric for evaluation of patient conforming pelvic MR coil.

**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: 12/21/23  
 Your Name: Carla Harmath  
 Manuscript Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of growth rate – A pilot study  
 Manuscript number (if known): QIMS-23-1663

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

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: 1/7/24  
 Your Name: Hiba Siblani  
 Manuscript Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of growth rate – A pilot study  
 Manuscript number (if known): QIMS-23-1663

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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: 12/18/20223

Your Name: Mihai Giurcanu

Manuscript Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of growth rate – A pilot study

Manuscript number (if known): QIMS-23-1663

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	NIH P30 CA014599
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	NIH P30 CA014599
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> None	

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

The NIH grant number P30 CA014599 supported the current study.

**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: 1/7/24  
 Your Name: Kirti Kulkarni  
 Manuscript Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of growth rate – A pilot study  
 Manuscript number (if known): QIMS-23-1663

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: 12/17/2023

Your Name: Kevin M. Hellman

Manuscript Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of growth rate – A pilot study

Manuscript number (if known): QIMS-23-1663

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u>	NIH R01 HD098193
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	NIH R01 HD098193
3	Royalties or licenses	<u>x</u> None	
4	Consulting fees	<u>x</u> None	

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

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

I have no conflicts of interest. I am supported by an NIH grant (R01 HD098193).

**Please place an "X" next to the following statement to indicate your agreement:**

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: 12/13/2023

Your Name: Obianuju Sandra Madueke-Laveaux

Manuscript Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of growth rate – A pilot study

Manuscript number (if known): QIMS-23-1663

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	Intramural Grant funding – University of Chicago Women’s Board Grant
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Investigator Initiated study funded by Myovant Sciences/Sumitomo Pharma
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Lectures – Intuitive Surgical Inc.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

This pilot study was funded by the University of Chicago’s Women’s Board Grant fund.  
I serve as principal investigator for an investigator-initiated study funded by Myovant Sciences/ Sumitomo Pharma.  
I have received honorarium for lectures given at a national meeting (AAGL) by Intuitive Surgical Inc.

**Please place an “X” next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.