Da	te:12/18/2023			
Yo	ur Name:Milica Medv			
Ma	nuscript Title: Multip	arametric Quantitative M	agnetic Resonance Imaging of uterine fibroids for predic	tion of
gro	owth rate – A pilot study			
Ma	nuscript number (if known)): QIMS-23-1663		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in pport for the work report	e defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. The manuscript without time limit. For all other items	re
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
		needed)		
		Time frame: Since the initia	al planning of the work	
	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: pas	t 36 months	
	Grants or contracts from any entity (if not indicated in item #1 above).	None	Grant from General Electric for evaluation of patient conforming pelvic MR coil.	
,	Povalties or licenses	V None		
)	Royalties or licenses	XNone		

Consulting fees

X

None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
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te: 12/21/23
ur Name: Carla Harmath
nuscript Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction o with rate – A pilot study
nuscript number (if known): QIMS-23-1663
the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third rties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a
ationship/activity/interest, it is preferable that you do so.

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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	adership or fiduciary role	XNone	
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	rvices		
13 Ot	ther financial or non-	XNone	
	financial interests		
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Date:1/7/24	
Your Name: Hiba S	
Manuscript Title:	Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of study
•	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 <u>current manuscript only</u>.

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	-		planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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	oup, paid or unpaid	X None	
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	aterials, drugs, medical		
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	rvices		
13 Ot	ther financial or non-	XNone	
	financial interests		
fin	ianciai interests		

Date:	_12/18/20223	
Your Nam	e:Mihai Giurcanu	
Manuscrip	ot Title: Multiparametric Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction	of
growth ra	te – A pilot study	
Manuscrip	ot 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 <u>current</u> <u>manuscript only</u>.

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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.) No time limit for this item.	None None	NIH P30 CA014599
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	NIH P30 CA014599
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_X_None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
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	benama		
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	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	ollowing box:

The NIH grant number P30 (CA014599 supported the current study.	

Date	e:1/7/24			
	r Name:Kirti Kulkarni			
Mar	nuscript Title: Multipa	rametric Quantitative Ma	gnetic Resonance Imaging of uterine fibroids for predicti	on of
grov	wth rate – A pilot study nuscript number (if known):			
Mar	nuscript number (if known):	QIMS-23-1663		
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	em #1 below, report all sup time frame for disclosure is	·	d in this manuscript without time limit. For all other iten	ıs,
		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 initi	al 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, no	at 26 months	
2	Grants or contracts from	Time frame: pas X None	St. 50 Hioridis	
_	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	_XNone		

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Consulting fees

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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_XNone		
	testimony			
7	Support for attending meetings and/or travel	_XNone		
8	Patents planned, issued or	XNone		_
	pending			
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9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	X None		
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12	Receipt of equipment,	X None		_
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	writing, gifts or other			_
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Ple	ase summarize the above co	onflict of interest in the	following box:	
1	None			

Date:	12/17/2023	
our Name:	Kevin M. Hellman_	
Manuscript Title:_	Multiparametric	Quantitative Magnetic Resonance Imaging of uterine fibroids for prediction of
growth rate – A pi	ot study	
Manuscript numbe	er (if known): QIN	IS-23-1663

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		Time frame: Since the initial	
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	NIH R01 HD098193
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time innit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	None	NIH R01 HD098193
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	in item #1 above).		
3	Royalties or licenses	x None	
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5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	x None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:

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

Da	te:12/13/2023			
Yo Ma	ur Name: _Obianuju Sandra anuscript Title: Multip owth rate – A pilot study	Madueke-Laveaux arametric Quantitative N	lagnetic Resonance Imaging of uterine fibroids for predict	ion of
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other iter	9
		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 initi	al planning of the work	
	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	Intramural Grant funding – University of Chicago Women's Board Grant	
)	Grants or contracts from any entity (if not indicated	Time frame: pas	Investigator Initiated study funded by Myovant Sciences/Sumitomo Pharma	
	in item #1 above).		Sciences/Sumitomo Filarina	

Royalties or licenses

Consulting fees

X__None

_X__None

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5	Payment or honoraria for	None	Lectures – Intuitive Surgical Inc.
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		
	iniancial interests		
Ple	ase summarize the above c	onflict 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.