

ICMJE DISCLOSURE FORM

Date: Jan. 25, 2022

Your Name: Gang Liu

Manuscript Title: Non-mass enhancement breast lesions: MRI findings and associations with malignancy

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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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			
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Time frame: past 36 months			
2	Grants or contracts from	None	

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3	Royalties or licenses	None	
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6	Payment for expert testimony	None	
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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:

The author reports that this work was supported by National Key Research and Development Program of China (Grant number: 2019YFC0118800)

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: Jan. 25, 2022

Your Name: Ying Li

Manuscript Title: Non-mass enhancement breast lesions: MRI findings and associations with malignancy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Jan. 25, 2022

Your Name: Si-lu Chen

Manuscript Title: Non-mass enhancement breast lesions: MRI findings and associations with malignancy

Manuscript number (if known): _____

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Date: Jan. 25, 2022

Your Name: Qiao Chen

Manuscript Title: Non-mass enhancement breast lesions: MRI findings and associations with malignancy

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