Date:	June 1st, 2022	
Your Na	lame: Xian Wang .	
Manusc	cript Title: <u>Clinical-imaging omic</u>	es predicts molecular typing and sentinel lymph node metastasis in breast cancer
Manusc	script 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</u> <u>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 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.	None	
1999		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

There is no conflict of interest.		

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

Date:June 1st, 2022
Your Name: Xue Wang Wang
Manuscript Title: Clinical-imaging omics predicts molecular typing and sentinel lymph node metastasis in breast cancel
Manuscript number (if known):

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W -8		Time frame: pas	at 36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Cupport for attanding		
,	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or Advisory Board	NOTE	
10	Leadership or fiduciary role	None	
0	in other board, society, committee or advocacy	THE STATE OF THE S	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	-
	financial interests		
1			-

There is no confli	ct of interest.	 	

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Date: <u>June 1st</u> , 2022
Your Name:
Manuscript Title: Clinical-imaging omics predicts molecular typing and sentinel lymph node metastasis in breast cancer
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	AND AND MADE OF THE PERSON OF	Time frame: Since the initia	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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	-	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
10	Advisory Board	l Name	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
75.5	Steek or steek options	Home	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
61			
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:

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

There is no conflict of interest.

Date:June 1st, 2022
Your Name: Making my
Manuscript Title: Clinical-imaging omics predicts molecular typing and sentinel lymph node metastasis in breast cancer
Manuscript number (if known):

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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)
	国际政治的 特别。2018年2月1日 1918年2月	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.	None	
745	The second second second second	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

There is no conflict of interest.		

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

Date: June 1st, 2022 ,
Your Name: Thou Song
Manuscript Title: Clinical-imaging omics predicts molecular typing and sentinel lymph node metastasis in breast cancer
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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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued or pending	None	
Participation on a Data Safety Monitoring Board or Advisory Board	None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non- financial interests	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

There is no conflic	t of interest.		

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

Date:June 1st, 2022
Your Name: Vineyn Men
Manuscript Title: Clinical-imaging omics predicts molecular typing and sentinel lymph node metastasis in breast cancer
Manuscript number (if known):

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1634		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

There is no conflict of in	nterest.	

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

Date: June 1st, 2022
Your Name: Yung fun ()
Manuscript Title: Clinical-unaging omics predicts molecular typing and sentinel lymph node metastasis in breast cancer
Manuscript number (if known):
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related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third coarties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
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		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
-	Constant for all and Para	News	
7	Support for attending meetings and/or travel	None	
	meetings amay or traver		
			en commence en
8	Patents planned, issued or	None	
Ū	pending	TOTAL	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	1	
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	Notice	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

There is no conflict of interest.	

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

	1 1 2022			
	ite: June 1st, 2022	nai Wan -		
Yo	our Name:	na amisa nyadiata kalasula	or typing and sentinel lymph node metastasis in breast car	cer
M	anuscript Title: <u>Clinical-Imagi</u>		r typing and sentine rymph hode metastast	
M	anuscript number (if known)	•		
re pa to re Th m	lated to the content of your rties whose interests may be transparency and does not lationship/activity/interest, le following questions apply anuscript only.	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	i
In	item #1 below, report all su e time frame for disclosure i	pport for the work reporte s the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	5,
		needed)		
		Time frame: Since the initia	planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
			are months	
		Time frame: past	36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		

Consulting fees

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above of	conflict of interest in the follo	wing box:

There is no conflict of interest.			

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