Date:			8/31/2022				
Your Name:			Yangyang Zhu				
M	anuscript Title:		이 나타가 되었다면 하는 사람이 아무리를 하는데	Ultrasound contrast-enhanced patterns of sentinel lymph nodes: predictive value for nodal status and metastatic burden in early breast cancer			
M	anuscript Number (if	known):	QIMS-22-234				
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		300	Il entities with whom you have this ship 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.	⊠ N	lone				
			Time frame: past 36 month	is			
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ N	one				
3	Royalties or licenses	⊠ No	one				
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		Name	all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	×	None	
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5	Payment or honoraria for	×	None	
	lectures,			
	presentations, speakers	-		
	bureaus, manuscript writing or			
	educational events			
6	Payment for expert testimony	×	None	
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7	Support for attending	8	None	
	meetings and/or travel	\parallel		
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8	Patents planned, issued or pending	8	None	
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9	Participation on a Data Safety	Ø	None	
	Monitoring Board			
	or Advisory Board	1		
10		×	None	
	fiduciary role in other board,			
	society,			
	committee or advocacy group,	1		
	paid or unpaid			

		Name	all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	20	None	
	options.			
12	Receipt of equipment, materials, drugs,	83	None	
	materials, drugs, medical writing,	\vdash		
	gifts or other services			
13	Other financial or non-financial interests	28	None	
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Ple	ase summarize the	bove	conflict of interest in the following box:	
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Pic	ease place an "X" ne	ext to t	he following statement to indicate your agreeme	ent:
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Ma	nuscript Number (if k	own): QIMS-22-234			
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		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None			
3	Royalties or licenses	⊠ None			

Date:

		Name relatio	all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	8	None	
5	Payment or honoraria for	×	None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert testimony	×	None	
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7	Support for attending	Ø	None	
	meetings and/or travel	-		
	- T			
8	Patents planned, issued or pending	Ø	None	
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9	Participation on a Data Safety	8	None	
	Monitoring Board or Advisory Board			
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10	fiduciary role in	⊠	None	
	other board, society,	1		
	committee or advocacy group,			
	paid or unpaid			

		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs,	⊠ None	
	medical writing, gifts or other services		
13	Other financial or non-financial interests	⊠ None	
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Pleas	se place an "X" next	to the following statement to indicate your agreem	ent:
×	I certify that I have	answered every question and have not altered the w	ording of any of the questions on this form

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		ame all entities with whom you have this lationship or indicate none (add rows as n				
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			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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 in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

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Stock or stock options	⊠ None		, and a second second
Receipt of equipment,	⊠ None		
medical writing, gifts or other services			
Other financial or non-financial interests	None		
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	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Stock or stock None None None	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial

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	this item.	Time frame: past 36 month	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			



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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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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		
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		to the following statement to	12 , anga de -M andananan	
\boxtimes	I certify that I hav	answered every question and	have not altered the w	ording of any of the questions on this form.

Date:		8/31/2022			
Your Name:		Kınlı	(hen		
Manuscript Title:			Ultrasound contrast-enhanced patterns of sentinel lymph nodes: predictive value for nodal status and metastatic burden in early breast cancer		
Man	uscript Number (if kn	iown):	QIMS-22-234		
The epid that	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 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.				
			whom you have this e none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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7	Support for attending meetings and/or travel	None None	
В	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	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
Stock or stock options	83	None	
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Receipt of equipment, materials, drugs, medical writing, gifts or other	8 0	None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses	8	None		

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4	Consulting fees	None —
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None

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11	Stock or stock options	M	None	
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	equipment, materials, drugs,	 		
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Ple	ase summarize the	above	conflict of interest in the following box:	***
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Ple	ease nlace an "X" no	ert to ti	he following statement to indicate your agreemer	nt•
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100	I certify that I have	ve ansv	wered every question and have not altered the wor	ding of any of the questions on this form.