ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Bojiang

2. Surname (Last Name)  
Chen

3. Date  
19-July-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

5. Manuscript Title  
Radiomics: an overview in lung cancer management

6. Manuscript Identifying Number (if you know it)  
ATM-20-4589

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Dr. Chen has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lan

2. Surname (Last Name)  
   Yang

3. Date  
   19-July-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Radiomics: an overview in lung cancer management

6. Manuscript Identifying Number (if you know it)  
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**Section 2. The Work Under Consideration for Publication**

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Disclosure Statement

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Dr. Yang has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Rui</td>
<td>Zhang</td>
<td>19-July-2020</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [X] No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name)  
   Wenxin

2. Surname (Last Name)  
   Luo

3. Date  
   19-July-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Weimin

2. Surname (Last Name)  
   Li

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   19-July-2020

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   ✔ No

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