

ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Haojun Chen

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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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Your Name: Liang Zhao

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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Your Name: Yizhen Pang

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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Hannan Gao

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Yining Sun

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Jianhao Chen

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Hao Fu

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Jiayu Cai

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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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Date: 9/29/2024

Your Name: Lingyu Yu

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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Date: 9/29/2024

Your Name: Ru Zeng

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Long Sun

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Hua Wu

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Zhanxiang Wang

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/29/2024

Your Name: Fan Wang

Manuscript Title: 68Ga-MY6349 PET/CT imaging to assess Trop2 expression in multiple types of cancer

Manuscript Number (if known): 185408-JCI-CMED-RV-2

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>						

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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.