ICMJE DISCLOSURE FORM

| Date: | 2022.12.07 |
|--------------------|--|
| Your Name: | Jinye Li |
| Manuscript Title:_ | _ Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease |
| Manuscript number | er (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 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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | l au | | 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. | | |
| | No time limit for this item. | | |
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| | | 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 | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
|----|--|-------------------------------|--------------|
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 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 | |
| | ease summarize the above o | onflict of interest in the fo | llowing box: |

| No conflict of interest. | | | |
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Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date: | 2022.12.08 |
|--------------------|--|
| Your Name: | Linsheng Wang |
| Manuscript Title:_ | Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease |
| Manuscript number | er (if known): |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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|---|--|--|---|
| | - | Time frame: Since the initial | 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. | | |
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| | | 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 | |
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| 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 | |
| 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 in other board, society, committee or advocacy group, paid or unpaid | None | |
| 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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ICMJE DISCLOSURE FORM

| Date: | _2022.12.07 | | | |
|-------------------|----------------|--|-----------|--|
| Your Name: | Na Hu | | | |
| Manuscript Title: | Longitudina | l variation of endolymphatic hydrops in patients with Ménière' | s disease | |
| Manuscript numb | er (if known): | | | |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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| | | Time frame: past | 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 lectures, presentations, | None | |

| | speakers bureaus, manuscript writing or educational events | | |
|----|---|----------------------------|-----------------------------|
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
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| | ease summarize the above o | onflict of interest in the | e following box: |
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| | X_ I certify that I have answ | _ | to indicate your agreement: |
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| Da | te: 2022.12.08 | | |

| Your Name: | Long Li | |
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| Manuscript Title: | Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease | _ |
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| 5 | Payment or honoraria for | None | |
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| | manuscript writing or | | |
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| | educational events Payment for expert | None | |
| | testimony | None | |
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| | Support for attending meetings and/or travel | None | |
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| 3 | Patents planned, issued or pending | None | |
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| | Participation on a Data Safety Monitoring Board or | None | |
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| | Leadership or fiduciary role | None | |
| | in other board, society, committee or advocacy group, paid or unpaid | | |
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| 2 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
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| L3 | Other financial or non- | None | |
| 13 | Other financial or non- financial interests | None | |
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| Plea | financial interests | | e following box: |
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| Plea Plea | ase summarize the above of No conflict of interest. ase place an "X" next to the conflict of interest. I certify that I have answer form. ICMJE DISCLOSURI | e following statement to wered every question and E FORM | to indicate your agreement: |

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| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |

| | Payment for expert testimony | None | |
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| | Support for attending meetings and/or travel | None | |
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| | Patents planned, issued or pending | None | |
| | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 1 | Stock or stock options | None | |
| 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other | None | |
| | services | | |
| 3 | Other financial or non- financial interests | None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert | None | |

| | testimony | |
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| | Support for attending meetings and/or travel | None |
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| | 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 |
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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |

| Support for attending | None | |
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| Participation on a Data Safety Monitoring Board or | None | |
| Advisory Board | | |
| Leadership or fiduciary role | None | |
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| Stock or stock options | None | |
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| Receipt of equipment, | None | |
| materials, drugs, medical | | |
| writing, gifts or other services | | |
| Other financial or non- | None | |
| financial interests | | |
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| • | wered every question a | to indicate your agreement: and have not altered the wording of any of the questions on t |
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| Your Name: Weigian | g Dou | |
| Manuscript Title: Longitudi | nal variation of endoly | mphatic hydrops in patients with Ménière's disease |
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| 3 | Royalties or licenses | None | |
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| 7 | Support for attending meetings and/or travel | None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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| Ple | ase summarize the above o | onflict of interest in the | following box: |
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| Ple | ase place an "X" next to the | e following statement to | indicate your agreement: |
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| | form. | | MJE DISCLOSURE FORM |
| Da | te:2022.12.09 | | |
| Yo | ur Name: Chuanting | Li | |
| Ma | ınuscript Title: Longitudir | nal variation of endolym _l | phatic hydrops in patients with Ménière's disease |

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| 1 | All support for the present | None | |
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| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| Э | Payment or honoraria for lectures, presentations, | None | |
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| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | None | |
|----|--|--|----------|
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| Da | te:2022.12.09 | | |
| Ma | nuscript Title: Longitudir | Yan nal variation of endolymphatic hydrops in patients with Ménière's disease): | <u> </u> |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 3 | Novatiles of licenses | None | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, | None | |
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
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| 7 | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or pending | None | | |
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| form. ICMJE DISCLOSURE FORM | | | | |
| Da | te: 2022.12.09 | | | |
| Yo | ur Name: Lixin Sun | | | |
| Ma | nuscript Title: Longitudir | nal variation of endolymp | phatic hydrops in patients with Ménière's disease | |

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| L3 | Other financial or non- financial interests | None | |
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| | X_ I certify that I have answ form. | • • | have not altered the wording of any of the questions on the |
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| Da | te:2022.12.09 | | ····· |
| Yo | ur Name: Ruozhen | Gong | |
| | | | natic hydrops in patients with Ménière's disease |

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| 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 | |
| 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:

| No conflict of interest | | | |
|-------------------------|--|--|--|
| | | | |
| | | | |
| | | | |

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

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.