Date:	
Your Name: Hui Li	_
Manuscript Title: An MSCT-based radiomics nomogram combined with clinical factors can identify Crohn's disease	and
ulcerative colitis	
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.

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)
1	All support for the present		planning of the work
1	All support for the present manuscript (e.g., funding,	√None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	
		_	

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	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of any investment	√ None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

We declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

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

Date:2021.03.03	
Your Name: Yan Mo	
Manuscript Title: An MSCT-based radiomics nomogram combined with clinical factors can identify Crohn's disease a	nd
ulcerative colitis	
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.

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)
1	All support for the present		planning of the work
1	All support for the present manuscript (e.g., funding,	√None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	
		_	

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	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of any investment	√ None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

We declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

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

Date:2021.03.03
Your Name: Chencui Huang
Manuscript Title: An MSCT-based radiomics nomogram combined with clinical factors can identify Crohn's disease a
ulcerative colitis
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.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	Time frame: Since the initial √ _None	planning of the work
		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	√_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	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of any investment	√ None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

We declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

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

Date:2021.03.03
Your Name: Qingguo Ren
Manuscript Title: An MSCT-based radiomics nomogram combined with clinical factors can identify Crohn's disease and
ulcerative colitis
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.

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)	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	√_None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	

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	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of any investment	√ None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

We declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

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

Date:2021.03.03
Your Name: Xiaona Xia
Manuscript Title: An MSCT-based radiomics nomogram combined with clinical factors can identify Crohn's disease a
ulcerative colitis
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.

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)	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	√_None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	

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	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of any investment	√ None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

We declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

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

Date:	
Your Name: Xiaomin Nan	
Manuscript Title: An MSCT-based radiomics nomogram combined with clinical factors can identify Crohn's disease	and
ulcerative colitis	
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.

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)	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	√_None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	

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	
	Safety Monitoring Board or		
	Advisory Board		
10	,	√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of any investment	√ None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

We declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

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

Date:2021.03.03
Your Name: Xinyan Shuai
Manuscript Title: An MSCT-based radiomics nomogram combined with clinical factors can identify Crohn's disease an
ulcerative colitis
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.

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)	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	√_None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	

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	
	Safety Monitoring Board or		
	Advisory Board		
10	,	√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Descipt of any investment	√ None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

We declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

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

Date:2021.03.03
Your Name: Xiangshui Meng
Manuscript Title: An MSCT-based radiomics nomogram combined with clinical factors can identify Crohn's disease a
ulcerative colitis
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.

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)	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.	√_None				
	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				

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	
	Safety Monitoring Board or		
	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	Descint of any innerest	√ None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

'e declare that all relationships/activities/interests listed above that are not related to the content of our anuscript.					

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