ICMJE DISCLOSURE FORM

Date: 2021/11/19
Your Name: Xiaowen Chen
Manuscript Title: Liver segmentation in CT imaging with enhanced mask region-based convolutional neural networks
Manuscript number (if known): ATM-21-5822

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.

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.

		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.**	Funding	This research was partly supported by the Project of Sichuan Provincial Department of Education (grant No.: 17ZA0165) and the City-School Science and Technology Strategic Cooperation Project in Nanchong city (grant No.: 19SXHZ0239, 18SXHZ0393).
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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, 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 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: 2021/11/19
Your Name: Xiaoqin Wei
Manuscript Title: Liver segmentation in CT imaging with enhanced mask region-based convolutional neural networks
Manuscript number (if known): ATM-21-5822

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ICMJE DISCLOSURE FORM

Date: 2021/11/19
Your Name: Mingyue Tang
Manuscript Title: Liver segmentation in CT imaging with enhanced mask region-based convolutional neural networks
Manuscript number (if known): ATM-21-5822

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ICMJE DISCLOSURE FORM

Date: 2021/11/19
Your Name: Aimin Liu
Manuscript Title: Liver segmentation in CT imaging with enhanced mask region-based convolutional neural networks
Manuscript number (if known): ATM-21-5822

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ICMJE DISCLOSURE FORM

Date: 2021/11/19
Your Name: Ce Lai
Manuscript Title: Liver segmentation in CT imaging with enhanced mask region-based convolutional neural networks
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Date: 2021/11/19
Your Name: Yuanzhong Zhu
Manuscript Title: Liver segmentation in CT imaging with enhanced mask region-based convolutional neural networks
Manuscript number (if known): ATM-21-5822

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Date: 2021/11/19
Your Name: Wenjing He
Manuscript Title: Liver segmentation in CT imaging with enhanced mask region-based convolutional neural networks
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