ICMJE DISCLOSURE FORM

Date: __2022-3-31_____

Your Name: ___Liuping_Chen_____

Manuscript Title: Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study _____

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.

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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.**	The Natural Science Foundation of Shanghai	No. 21ZR1439800
		"Yanhai-Ruijin Artificial Intelligence Aided Imaging Diagnostic Platform" Special Fund	No. 2018188
		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, 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	

Please summarize the above conflict of interest in the following box:

The author reports that the study was supported by the Natural Science Foundation of Shanghai (No. 21ZR1439800) and "Yanhai-Ruijin Artificial Intelligence Aided Imaging Diagnostic Platform" Special Fund (No. 2018188).

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.

ICMJE DISCLOSURE FORM

Date: __2022-3-31_____

Your Name: __Yaling Pan_____

Manuscript Title: Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study_____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: __2022-3-31__

Your Name: __Fangyuan Zhong__

Manuscript Title: <u>Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study</u>_____

Manuscript number (if known): _____

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colspan4 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.**	The Natural Science Foundation of Shanghai	No. 21ZR1439800
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ICMJE DISCLOSURE FORM

Date: __2022-3-31_____

Your Name: __Tian-Jiao Yuan_____

Manuscript Title: <u>Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study</u>_____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: ___2022-3-31_____

Your Name: ___Hanqi Wang_____

Manuscript Title: Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study_____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: __2022-3-31__

Your Name: __Tongtong Chen__

Manuscript Title: Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study_____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: __2022-3-31_____

Your Name: ___Haiying Lv_____

Manuscript Title: Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study_____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: __2022-3-31_____

Your Name: __Xiaoguang Cheng_____

Manuscript Title: Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study_____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: __2022-3-31_____

Your Name: Jian-Min Liu_____

Manuscript Title: Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study_____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: ___2022-3-31_____

Your Name: Yong Lu _____

Manuscript Title: Using QCT to evaluate bone mineral and abdominal adipose changes in patients with primary hyperparathyroidism and comparing it to DXA for bone status assessment: a retrospective case-control study_____

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