Dα	te:Sept. 18''', 2022				
Yo	ur Name:Min Li				
Ma	nuscript Title: Quanti	tative assessment of musc	le in polymyositis and dermatomyositis using high-frequency		
ultrasound and shear wave elastography					
	nuscript number (if known	•			
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rel pa to rel	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript about whether to list a coso.		
ma	nuscript only.				
to me	the epidemiology of hypert edication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,		
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		Name all entities with	Specifications/Comments		
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)		
		none (add rows as	institution		
		needed)			
		Time frame: Since the initia	I planning of the work		
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1	All support for the present	XNone			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
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	No time limit for this item.				
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	No time limit for this item.	Time frame: pasi	t 36 months		
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	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	t 36 months		
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	t 36 months		

5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nana	
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
,	meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy	 	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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PIE	ease summarize the above co	ominica of interest in the fol	IOMIIIR DOX:
	None.		

Da	te:Sept. 18 th , 2022	_				
	ur Name:Ruiqian Guo	_				
		tative assessment of muscl	e in polymyositis and dermatomyositis using high-frequency			
	ultrasound and shear wave elastography					
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rel par to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current			
to me	the epidemiology of hyperto edication, even if that medic item #1 below, report all su	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,			
tne	e time frame for disclosure i	s 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 initia	l 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.	XNone				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated	XNone				
	in item #1 above).					
3	Royalties or licenses	XNone				
4	Consulting fees	XNone				

5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
,	meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy	 	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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PIE	ease summarize the above co	ominica of interest in the fol	IOMIIIR DOX:
	None.		

Yo	te:Sept. 18", 2022 ur Name:Xinyi Tang	_	
	•		le in polymyositis and dermatomyositis using high-frequency
	rasound and shear wave ela		
Ma	anuscript number (if known)):QIMS-22-423	_
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
ma	anuscript only.		
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
		Name all analates with	Constitution of Comments
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	l 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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	Royalties or licenses	XNone	
	Royalties or licenses	X_None	
	Royalties or licenses Consulting fees	XNone	

5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
,	meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy	 	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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	None.		

Da	te:Sept. 18 th , 2022					
Yo	ur Name:Songya Huang_					
Ma	Manuscript Title:Quantitative assessment of muscle in polymyositis and dermatomyositis using high-frequency					
ult	rasound and shear wave ela	stography				
Ma	Manuscript number (if known):QIMS-22-423					
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment lf you are in doubt about whether to list a so.			
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items			
	e time frame for disclosure i		u in this manuscript without time limit. For all other items	,		
		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.	XNone				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				
4	Consulting fees	XNone				

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5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
,	meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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	None.		

Yo Ma ult Ma	rasound and shear wave elanuscript number (if known) the interest of transparency	tative assessment of musclestography :QIMS-22-423 , we ask you to disclose all	relationships/activities/interests listed below that are
pa to	rties whose interests may be	e affected by the content onecessarily indicate a bias.	ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
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to me	the epidemiology of hyperto dication, even if that medic	ension, you should declare cation is not mentioned in t	·
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other items,
		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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
,	meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
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11	Stock or stock options	XNone	
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	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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