## ICMJE DISCLOSURE FORM

Your Name: <u>HuanHua Wu</u>
Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X
Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study
Manuscript number (if known):_QIMS-22-
550

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 <a href="mailto:current">current</a>

## manuscript only.

Date: Jan. 7<sup>th</sup>. 2023

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,

		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)
	Ti	me frame: Since the initia	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	None	

	in item #1 above).					
3	Royalties or licenses	XNone				
	0 111 6	.,				
4	Consulting fees	XNone				
5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
,	educational events	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
6	Payment for expert testimony	XNone				
	lestimony					
7	Support for attending	XNone				
,	meetings and for travel	XNone				
	9					
8	Patents planned, issued	XNone				
	or pending					
9	Participation on a Data	XNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary	X None				
10	role in other board,					
	society, committee or					
	advocacy group, paid or					
11	unpaid					
11	Stock or stock options	X None				
12	Receipt of equipment,	X None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	XNone				
	financial interests					
Ρle	Please summarize the above conflict of interest in the following box:					

None.	

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: Jan. 7<sup>th</sup>, 2023 Your Name:Biao Wu Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study Manuscript number (if known): QIMS-22-550 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 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 current manuscript only. The author's relationships/activities/interests should be defined broadly. 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 Specifications/Comments whom you have this (e.g., if payments were made to you or to your

institution)

Time frame: Since the initial planning of the work

relationship or indicate

none (add rows as

None

needed)

Χ

All support for the

present manuscript (e.g.,

2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past 36 monthsNoneXNone
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and for travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.			

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

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

 $\_$  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: Jan. 7<sup>th</sup>, 2023

Your Name: ShaoJuan Zhanq

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-

Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known):\_QIMS-22-

550\_\_\_\_\_

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 current

manuscript only.

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,

		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)
		me 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	. 30 1110111115
3	Royalties or licenses	X None	
	The farage of modified	XNONE	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X None	
7	Safety Monitoring Board or Advisory Board	XNOTE	
10	Leadership or fiduciary	XNone	
	role in other board,		
society, committee of advocacy group, pa	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	

12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	XNone	

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

None.			

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: <u>Jan. 7<sup>th</sup>, 2023</u> Your Name: ZiQing Zhou

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-

Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known):\_QIMS-22-

550

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 <a href="mailto:current">current</a>

manuscript only.

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,

		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)
		me 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	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
	1 Koyurucs of ficerises	XNone	
4	Consulting fees	X None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
,	educational events	\/ • • ·	
6	Payment for expert testimony	XNone	
	lesumony		
7	Support for attending	XNone	
	meetings and for travel		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		

O Leadership or fiduciary role in other board,		
role in other hoard	XNone	
Tole in other board,		
society, committee or		
advocacy group, paid or		
unpaid		
1 Stock or stock options	X None	
·		
Receipt of equipment,	X None	
materials, drugs, medical		
writing, gifts or other		
services		
3 Other financial or non-	X None	
financial interests		
Please place an "X" next to	) the following statem	ent to indicate your agreement:
·	· ·	ent to indicate your agreement: tion and have not altered the wording of any of th

Date: Jan. 7th, 2023

Your Name JingJie Shang

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-

Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known): QIMS-22-

550

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 <a href="mailto:current">current</a> manuscript only.

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,

		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed)	
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	XNone	
	present manuscript (e.g., funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this item.		
	rtem.	<b>T</b> 1	
2		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
5	lectures, presentations,	XNONE	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		

7	Support for attending meetings and for travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

None.		

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: <u>Jan. 7<sup>th</sup>, 2023</u> Your Name: <u>Yong Cheng</u>

Manuscript Title: <u>Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study</u>

Manuscript number (if known):_QIMS-22-	
550	

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 <a href="mailto:current">current</a>

## manuscript only.

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,

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  I 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).	None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X _None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
	э ээ ээ ээ ээ ээ эр нэ нэ		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
13		XNone	
13	Other financial or non-	XNone	
PI:	Other financial or non-		the following box:

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							
Yo Ma <u>Ra</u> Ma	Date: Jan. 7 <sup>th</sup> , 2023 Your Name: JinCi Mai Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study Manuscript number (if known):_QIMS-22-550							
tha	at are ated to the content of yo		lose all relationships/activities/interests listed d" means any relation with for-profit or not-for					
pa co to	rties whose interests ma mmitment	not necessarily indicate	ntent of the manuscript. Disclosure represents a bias. If you are in doubt about whether to lisou do so.					
cu	e following questions ap rrent nuscript only.	oply to the author's rela	tionships/activities/interests as they relate to t	ne				
pe to	rtains the epidemiology of hyp	ertension, you should d	uld be <u>defined broadly</u> . For example, if your ma eclare all relationships with manufacturers of on is not mentioned in the manuscript.	inuscript				
oth	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)					
	Ti	me 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.)	XNone						

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	XNone	
4	Consulting fees	V None	
4	Consuming lees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
	testimony	XNone	
	te 3 timorry		
7	Support for attending	XNone	
	meetings and /or travel		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	V Nana	
10	role in other board,	XNone	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

None.				

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 auestions on this form. ICMJE DISCLOSURE FORM Date: <u>Jan. 7<sup>th</sup>, 2023</u> Your Name: Jian Gong Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study Manuscript number (if known): QIMS-22-550 In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit 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 current manuscript only. The author's relationships/activities/interests should be defined broadly. 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 Specifications/Comments

institution)

whom you have this relationship or indicate

none (add rows as

needed)

(e.g., if payments were made to you or to your

	Ti	me 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).	None
3	Royalties or licenses	XNone
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and for travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone

13	Other financial or non-	XNone	
	financial interests		

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

None.			

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:<u>Jan. 7<sup>th</sup>, 2023</u> Your Name: <u>Hao Xu</u>

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-

Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known): QIMS-22-

550\_\_\_\_\_

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</u>

manuscript only.

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,

		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)
		me frame: Since the initia	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).	None	
3	Royalties or licenses	X None	
	3		
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
		.,	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	V None	
	role in other board,	XNone	

	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:  None.			
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.			