

ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Jiaping Hu

Manuscript Title: DeepKOA: A deep-learning model predicts progression in knee osteoarthritis using multimodal magnetic resonance images from the osteoarthritis initiative

Manuscript Number (if known): QJMS-22-1251

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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Your Name: Chuanyang Zheng

Manuscript Title: DeepKOA: A deep-learning model predicts progression in knee osteoarthritis using multimodal magnetic resonance images from the osteoarthritis initiative

Manuscript Number (if known): QJMS-22-1251

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Your Name: Qingling Yu

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Your Name: Lijie Zhong

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ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Keyan Yu

Manuscript Title: DeepKOA: A deep-learning model predicts progression in knee osteoarthritis using multimodal magnetic resonance images from the osteoarthritis initiative

Manuscript Number (if known): QJMS-22-1251

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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ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Yanjun Chen

Manuscript Title: DeepKOA: A deep-learning model predicts progression in knee osteoarthritis using multimodal magnetic resonance images from the osteoarthritis initiative

Manuscript Number (if known): QJMS-22-1251

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ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Zhao Wang

Manuscript Title: DeepKOA: A deep-learning model predicts progression in knee osteoarthritis using multimodal magnetic resonance images from the osteoarthritis initiative

Manuscript Number (if known): QJMS-22-1251

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ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Bin Zhang

Manuscript Title: DeepKOA: A deep-learning model predicts progression in knee osteoarthritis using multimodal magnetic resonance images from the osteoarthritis initiative

Manuscript Number (if known): QJMS-22-1251

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

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: 4/18/2023

Your Name: Qj Dou

Manuscript Title: DeepKOA: A deep-learning model predicts progression in knee osteoarthritis using multimodal magnetic resonance images from the osteoarthritis initiative

Manuscript Number (if known): QJMS-22-1251

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 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 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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 289 1515 432"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 520 1515 621"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 867 1515 968"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 1077 1515 1178"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 1308 1515 1409"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 1518 1515 1619"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Xiaodong Zhang

Manuscript Title: DeepKOA: A deep-learning model predicts progression in knee osteoarthritis using multimodal magnetic resonance images from the osteoarthritis initiative

Manuscript Number (if known): QJMS-22-1251

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Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px;"></div>
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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