Date:May. 8 th , 2023 Your Name:Xiaowen Liu Manuscript Title: A retros lumbar degenerative diseases f Manuscript number (if known):	or surgical reference	ne significance of preoperative radiological evalua	ation of
related to the content of your r parties whose interests may be	manuscript. "Related" mea affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that ins any relation with for-profit or not-for-profit the manuscript. Disclosure represents a commit If you are in doubt about whether to list a so.	nird
The following questions apply t manuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>curren</u>	<u>ıt</u>
	ension, you should declare	defined broadly. For example, if your manuscript all relationships with manufacturers of antihyper he manuscript.	-
In item #1 below, report all sup the time frame for disclosure is	•	d in this manuscript without time limit. For all ot	her items,
	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)	

		whom you have this relationship or indicate none (add rows as needed)	(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 in item #1 above).	XNone	
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 6			
7 Support for attending meetings and/or travel	XNone		
8 Patents planned, issued or	XNone		
pending			
9 Participation on a Data	XNone		
Safety Monitoring Board or			
Advisory Board			
10 Leadership or fiduciary role	XNone		
in other board, society,			
committee or advocacy			
group, paid or unpaid			
11 Stock or stock options	XNone		
10 0 11 1			
Receipt of equipment, materials, drugs, medical	X_None		
writing, gifts or other			
services			
13 Other financial or non-	X None		
financial interests			
	•		
Please summarize the above conflict of interest in the following box:			

Date:____May. 8th, 2023____

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

3

any entity (if not indicated

_X__None

X__None

_X__None

You	r Name:Yang Hou			
Mar	Manuscript Title: A retrospective cohort study on the significance of preoperative radiological evaluation of			
lum	bar degenerative diseases f	or surgical reference		
Mar	nuscript number (if known):	QIMS-2	22-1414	
rela part to t	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	following questions apply t	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.	
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	X None		
-	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	

5	Payment or honoraria for	X None			
3	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
/	meetings and/or travel	xnone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
	group, paid or 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				
Plea	Please summarize the above conflict of interest in the following box:				

None.			

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Royalties or licenses

Consulting fees

3

any entity (if not indicated

_X__None

X__None

_X__None

You	Your Name:Hongyang Shi			
Mar	Manuscript Title: A retrospective cohort study on the significance of preoperative radiological evaluation of			
	lumbar degenerative diseases for surgical reference			
Mar	nuscript number (if known):	QIMS-22	2-1414	
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a	
	following questions apply to nuscript only.	o the author's relationships	s/activities/interests as they relate to the <u>current</u>	
to t		nsion, you should declare a	efined broadly. For example, if your manuscript pertains ll relationships with manufacturers of antihypertensive e manuscript.	
	em #1 below, report all supp time frame for disclosure is	·	in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
		Time frame: Since the initial	planning of the work	
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1	All support for the present manuscript (e.g., funding,	XNone		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	

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

Date:May. 8 th , 2023	
Your Name:Tianyi Zhao	
Manuscript Title: A retrospective o	cohort study on the significance of preoperative radiological evaluation of
lumbar degenerative diseases for surgica	al reference
Manuscript number (if known):	QIMS-22-1414

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	X_None	
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 6			
7 Support for attending meetings and/or travel	XNone		
8 Patents planned, issued or	XNone		
pending			
9 Participation on a Data	XNone		
Safety Monitoring Board or			
Advisory Board			
10 Leadership or fiduciary role	XNone		
in other board, society,			
committee or advocacy			
group, paid or unpaid			
11 Stock or stock options	XNone		
10 0 11 1			
Receipt of equipment, materials, drugs, medical	X_None		
writing, gifts or other			
services			
13 Other financial or non-	X None		
financial interests			
	•		
Please summarize the above conflict of interest in the following box:			

Date:May. 8 th , 2023	
Your Name:Chenxi Sun	
Manuscript Title: A retrospective col	hort study on the significance of preoperative radiological evaluation of
lumbar degenerative diseases for surgical	reference
Manuscript number (if known):	QIMS-22-1414

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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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	

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

Date:May. 8 th , 2023
Your Name:Jiangang Shi
Manuscript Title: A retrospective cohort study on the significance of preoperative radiological evaluation of
lumbar degenerative diseases for surgical reference
Manuscript number (if known):QIMS-22-1414
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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.

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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		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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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	

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

Grants or contracts from

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Consulting fees

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any entity (if not indicated

Dat	e:May. 8 th , 2023			
	r Name:Guodong Shi			
			he significance of preoperative radiological evaluation of	
	bar degenerative diseases for			
Mai	nuscript number (if known):	QIMS-	22-1414	
In t	ne interest of transparency.	we ask you to disclose all	relationships/activities/interests listed below that are	
		-	ans any relation with for-profit or not-for-profit third	
			f the manuscript. Disclosure represents a commitment	
to t	ransparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a	
rela	tionship/activity/interest, it	is preferable that you do	so.	
		o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
maı	nuscript only.			
The	author's relationships/activ	vities/interests should he	defined broadly. For example, if your manuscript pertains	
			all relationships with manufacturers of antihypertensive	
	dication, even if that medica	· •	· · · · · · · · · · · · · · · · · · ·	
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In it	em #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all other items	s,
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	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initi	al planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	l medical writing article			
	medical writing, article processing charges, etc.)			
	processing charges, etc.) No time limit for this item.			
	processing charges, etc.)			

Time frame: past 36 months

_X__None

X__None

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

None.			