

## ICMJE DISCLOSURE FORM

Date: 04-04-2023 \_\_\_\_\_

Your Name:  Laura J. Jensen

Manuscript Title:  Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn’s Disease

Manuscript number (if known):  QIMS-23-41

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 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | ___ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | ___ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | ___ None   |   |
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| 4   | Consulting fees  | ___ None   |   |
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| 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 |  |
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|    |  |          |  |
| 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 |  |
|    |  |          |  |
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**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: 04-04-2023

Your Name: Florian N. Loch

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease

Manuscript number: QIMS-23-41

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| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 |  |

**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:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJJE DISCLOSURE FORM

Date: 04-04-2023 \_\_\_\_\_  
 Your Name: Carsten Kamphues \_\_\_\_\_  
 Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease \_\_\_\_\_  
 Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 |  |

**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:**

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: 04-04-2023 \_\_\_\_\_

Your Name: Mehrgan Shahryari \_\_\_\_\_

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease

Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _X_ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | _X_ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | _X_ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | _X_ None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 |  |

**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:**

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: 04-04-2023 \_\_\_\_\_

Your Name: Stephan Rodrigo Marticorena Garcia \_\_\_\_\_

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease

Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _X_ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | _X_ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | _X_ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | _X_ None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 |  |

**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:**

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: 04-04-2023 \_\_\_\_\_

Your Name: Britta Siegmund \_\_\_\_\_

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease \_\_\_\_\_

Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | German Research Foundation, CRC1340-B06  | Grant to our institution  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | Pfizer   | To institution  |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>  X  </u> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | Abbvie   | All to institution  |
|   |  | Arena Pharma   |   |

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|----|--|---|--------------------|
|    |  | Boehringer<br>BMS<br>Celgene<br>CT-Scout<br>Galapagos<br>Gilead<br>Janssen<br>Lilly<br>Pfizer<br>PredictImmune<br>PsiCro                              |                    |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Abbvie<br>CED Service GmbH<br>Chiesi<br>Galapagos<br>Falk Foundation<br>Forga Software<br>IBD Passport<br>Janssen<br>Materia Prima<br>Pfizer<br>Lilly | All to institution |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None  |                    |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None  |                    |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None  |                    |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None  |                    |
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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  |                    |

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

I received funding from the German Research Foundation (CRC1340) and Grant money from Pfizer, consultancy fees from Abbvie, Arena Pharma, Boehringer, BMS, Celgene, CT-Scout, Galapagos, Gilead, Janssen, Lilly, Pfizer, PredictImmune, PsiCro and honoraria for lectures, presentations from Abbvie, CED Service GmbH, Chiesi, Galapagos, Falk Foundation, Forga Software, IBD passport, Janssen, Materia Prima, Pfizer, Lilly (all payments were made to Charité).

**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: 04-04-2023 \_\_\_\_\_

Your Name: Carl Weidinger \_\_\_\_\_

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease \_\_\_\_\_

Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 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 |  |

**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:**

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: 04-04-2023 \_\_\_\_\_

Your Name: Anja A. Kühl \_\_\_\_\_

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease

Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | German Research Foundation, CRC1340-B06  | Grant to our institution  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
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|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 |  |

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

I received funding from the German Research Foundation (CRC1340).

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: 04-04-2023 \_\_\_\_\_

Your Name: Bernd Hamm \_\_\_\_\_

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease \_\_\_\_\_

Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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 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) |
|---|--|---|---|
| <b>Time frame: Since the initial planning of the work</b> |  |   |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>  X  </u> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |   |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | Abbott<br>AbbVie<br>Ablative Solutions<br>Accovion<br>Achogen Inc.<br>Actelion Pharmaceuticals<br>ADIR<br>Aesculap<br>Agiros Pharmaceuticals,<br>INC. | All to institution.   |

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|  |  | <p>AGO<br/>AIF: Arbeitsgemeinschaft<br/>industrieller<br/>Forschungsvereinigungen<br/>AIO: Arbeitsgemeinschaft<br/>internistische Onkologie<br/>Aktionsbündnis<br/>Partnersicherheit e.V.<br/>Alexion Pharmaceuticals<br/>Amgen<br/>AO Foundation<br/>Aravive<br/>Arena Pharmaceuticals<br/>ARMO Biosciences, Inc.<br/>Array Biopharma Inc.<br/>Art photonics GmbH Berlin<br/>ASAS<br/>Ascelia Pharma AB<br/>Ascendis<br/>ASR Advanced sleep<br/>research<br/>Astellas<br/>AstraZeneca<br/>August Research OOF,<br/>Sofia, BG<br/>BARD<br/>Basilea<br/>Bayer Healthcare<br/>Bayer Schering Pharma<br/>Bayer Vital<br/>BBraun<br/>BerGenBioASA<br/>Berlin-Brandenburger<br/>Centrum für regenerative<br/>Therapie (BCRT)<br/>Berliner Krebsgesellschaft<br/>Biontech Mainz<br/>BioNTech SE<br/>Biotronik<br/>Bioven<br/>BMBF<br/>BMS<br/>Boehringer Ingelheimer<br/>Boston Biomedical Inc.<br/>Boston Scientific<br/>Medizintechnik GmbH<br/>BRACCO Group<br/>Brahms GmbH<br/>Brainsgate<br/>Bristol-Myers Squibb<br/>Calithera Biosciences UK<br/>Cantargia AB, Medicon<br/>Village</p> |  |
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|  |  | <p>Cascadian Therapeutics, Inc.<br/>Celgene<br/>CELLACT Pharma<br/>Celldex Therapeutics<br/>Cellestia Biotech AG CH<br/>CeloNova BioSciences<br/>Charité research organization GmbH<br/>Chiltern<br/>CLOVIS ONCOLOGY, INC.<br/>Covance<br/>CRO Charité<br/>CTI Ulm<br/>CUBIST<br/>CureVac AG, Tübingen<br/>Curis<br/>Daiichi Sankyo<br/>Dartmouth College, Hanover, NH, USA<br/>DC Devices, Inc. USA<br/>Delcath Systems<br/>Dermira Inc.<br/>Deutsche Krebshilfe<br/>Deutsche Rheuma Liga<br/>DZ – Deutsche Diabetes Forschungsgesellschaft e.V.<br/>Deutsches Zentrum für Luft- und Raumfahrt e.V.<br/>DFG<br/>Dr. Falk Pharma GmbH<br/>DSM Nutritional Products AG<br/>Dt. Gesellschaft für muskuloskelettale Radiologie<br/>Dt. Stiftung für Herzforschung<br/>Dynavax<br/>Aisai Ltd., European Knowledge Centre, Mosquito Way, Hatfield<br/>Eli Lilly and Company Ltd.<br/>EORTC<br/>Episurf Medical<br/>Epizyme, Inc.<br/>Essex Pharma<br/>EU Programmes<br/>European society of gastrointestinal and abdominal radiology<br/>Euroscreen S.A.</p> |  |
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|  |  | <p>F20 Biotech GmbH<br/>Ferring Pharmaceuticals<br/>A/S<br/>Fibrex Medical Inc.<br/>Focused Ultrasound<br/>Surgery Foundation<br/>Fraunhofer Gesellschaft<br/>GALA Therapeutics, US<br/>Galena Biopharma<br/>Galmed Research and<br/>Development Ltd.<br/>Ganymed<br/>GBG Forschungs GmbH<br/>GE<br/>Gentech. Inc<br/>Genmab A/S<br/>Genzyme Europe B.V.<br/>GETNE (Grupo Espanol de<br/>Tumores<br/>Neuroendocrinos)<br/>Gilead Sciences, Inc.<br/>Glaxo Smith Kline<br/>Glycotype GmbH Berlin<br/>Goethe Uni Frankfurt<br/>Guerbet<br/>Guidant Europe NV<br/>Halozyme<br/>Hans-Böckler-Stiftung<br/>Hewlett Packard GmbH<br/>Holaira Inc.<br/>Horizon Therapeutics<br/>Ireland<br/>ICON (CRO)<br/>Idera Pharmaceuticals, Inc.<br/>Ignyta, Inc.<br/>Immunomedics Inc.<br/>Immunocore<br/>Inari Medical Europe<br/>GmbH Basel<br/>Incyte<br/>INC Research<br/>Innate Pharma<br/>InSightec Ltd.<br/>Inspiremd<br/>InVentiv Health Clinical UK<br/>Ltd.<br/>Inventivhealth<br/>IO Biotech ApS<br/>Copenhagen<br/>IOMEDICO<br/>IONIS<br/>IPSEN Pharma<br/>IQVIA</p> |  |
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|  |  | <p>ISA Therapeutics<br/>Isis Pharmaceuticals Inc.<br/>ITM Solucin GmbH<br/>Jansen-Cilag GmbH<br/>Kantar Health GmbH<br/>(CRO)<br/>Kartos Therapeutics, Inc.<br/>Karyopharm Therapeutics,<br/>Inc.<br/>Kendle/MorphoSys AG<br/>Kite Pharma<br/>Kli Fo Berlin Mitte<br/>Kura Oncology<br/>Labcorb<br/>La Roche<br/>Land Berlin<br/>Lilly GmbH<br/>Lion Biotechnology<br/>Lombard Medical<br/>Loxo Oncology, Inc.<br/>LSK BioPartners, USA<br/>Lundbeck GmbH<br/>LUX Biosciences<br/>LYSARC<br/>MacroGenics<br/>MagForce<br/>MedImmune Inc.<br/>MedImmune Limited<br/>Medpace<br/>Medpace Germany GmbH<br/>(CRO)<br/>MedPass (CRO)<br/>Medtronic<br/>Medtraveo GmbH<br/>Merck<br/>Merrimack<br/>Pharmaceuticals Inc.<br/>MeVis Medical Solutions<br/>AG<br/>Millenium<br/>Pharmaceuticals Inc.<br/>Miltenyi Biomedicine<br/>GmbH, Bergisch Gladbach<br/>miRagen Boukider<br/>Mologen<br/>Monika Kutzner Stiftung<br/>MophoSys AG<br/>MSD Sharp<br/>Nektar Therapeutics<br/>NeoVacs SA<br/>Netzwerkverbund<br/>Radiologie<br/>Neurocrine Biosciences</p> |  |
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|  |  | <p>Inc., US<br/>Newlink Genetics<br/>Corporation<br/>Nexus Oncology<br/>NIH<br/>NOGGO Berlin<br/>Nord-Ostdeutsche<br/>Gesellschaft e.V.<br/>Novartis<br/>Novocure<br/>Nuvisan<br/>Ockham oncology<br/>Odonate Therapeutics San<br/>Diego<br/>OHIRC Kanada<br/>Oppilan Pharma Idt.,<br/>London<br/>Orion Corporation Orion<br/>Pharma<br/>OSE Immunotherapeutics<br/>Parexel CRO Service<br/>Pentixal Pharma GmbH<br/>Perceptive<br/>Pfizer GmbH<br/>PharmaCept GmbH<br/>Pharma Mar<br/>Pharmaceutical Reseach<br/>Associates GmbH (PRA)<br/>Pharmacyclics Inc.<br/>Philipps<br/>Philogen s.p.a. Siena<br/>Pliant therapeutics San<br/>Francisco<br/>PIQUR Therapeutics Ltd.<br/>Pluristem<br/>PneuRX.Inc<br/>Portola Pharmaceuticals<br/>PPD (CRO)<br/>PRaint<br/>Precision GmbH<br/>Premier-research<br/>Priovant Therapeutics USA<br/>Provectus<br/>Biopharmaceuticals, Inc.<br/>psi-cro<br/>Pulmonx International Sarl<br/>Quintiles GmbH<br/>Radiobotics ApS<br/>Regeneraon<br/>Pharmaceuticals Inc.<br/>Replimune<br/>Respicardia<br/>Rhythm Pharmaceuticals,</p> |  |
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|  |  | <p>Inc. Boston USA<br/>Roche<br/>Salix Pharmaceuticals Inc.<br/>Samsung<br/>Sanofi<br/>sanofis-aventis S.A.<br/>Sarepta Therapeutics,<br/>Cambridge, US<br/>Saving Patient's Lives<br/>Medical B.V.<br/>Schumacher GmbH<br/>Seagen<br/>Seattle Genetics<br/>Servier (CRO)<br/>SGS Life Science Services<br/>(CRO)<br/>Shape Memorial Medical<br/>Inc., USA<br/>Shire Human Genetic<br/>Therapies<br/>Siemens<br/>Silena Therapeutics<br/>SIRTEX Medical Europe<br/>GmbH<br/>SOTIO Biotech, Boston<br/>Spectranetics GmbH<br/>Spectrum Pharmaceuticals<br/>Stiftung Charite / BIH<br/>St. Jude Medical<br/>Stiftung Wolfgang Schulze<br/>Syneos Health UK, Ltd.<br/>Symphogen<br/>Taiho Oncology, Inc.<br/>Taiho Pharmaceutical Co.<br/>Target Pharma Solutions<br/>Inc.<br/>TauRx Therapeutics Ltd.<br/>Terumo Medical<br/>Corporation<br/>Tesarro<br/>tetec-ag<br/>TEVA<br/>Theorem<br/>Theradex<br/>Theravance<br/>Threshold<br/>Pharmaceuticals Inc.<br/>TNS Healthcare GmbH<br/>Toshiba<br/>UCB Pharma<br/>Ulrich GmbH Ulm<br/>Uni Jena<br/>Uni München</p> |  |
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|    |  | Uni Tübingen<br>Vaccibody A.S.<br>VDI/VDE<br>Vertex Pharmaceuticals<br>Incorporated<br>Viridian Therapeutics, US<br>Virtualscopis LLC<br>Winicker-norimed<br>Wyeth Pharma<br>Xcovery Holding Company<br>Zukunftsfond Berlin (TSB) |  |
| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None  |  |
| 4  | Consulting fees  | <input checked="" type="checkbox"/> None  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None  |  |
| 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  |  |

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

BH is Grant recipient from Abbott, AbbVie, Ablative Solutions, Accovion, Achogen Inc., Actelion Pharmaceuticals, ADIR, Aesculap, Agios Pharmaceuticals, INC., AGO, AIF: Arbeitsgemeinschaft industrieller Forschungsvereinigungen, AIO: Arbeitsgemeinschaft internistische Onkologie, Aktionsbündnis Partnersicherheit e.V., Alexion Pharmaceuticals, Amgen, AO Foundation, Aravive, Arena Pharmaceuticals, ARMO Biosciences, Inc., Array Biopharma Inc., Art photonics GmbH Berlin, ASAS, Ascelia Pharma AB, Ascendis, ASR Advanced sleep research, Astellas, AstraZeneca, August Research OOF, Sofia, BG, BARD, Basilea, Bayer Healthcare, Bayer Schering Pharma, Bayer Vital, BBraun, BerGenBioASA, Berlin-Brandenburger Centrum für regenerative Therapie (BCRT), Berliner Krebsgesellschaft, Biontech Mainz, BioNTech SE, Biotronik, Bioven, BMBF, BMS, Boehringer Ingelheim, Boston Biomedical Inc., Boston Scientific Medizintechnik GmbH, BRACCO Group, Brahms GmbH, Brainsgate, Bistol-Myers Squibb, Calithera Biosciences UK, Cantargia AB, Medicon Village, Cascadian Therapeutics, Inc., Celgene, CELLACT Pharma, Celldex Therapeutics, Cellestia Biotech AG CH, CeloNova BioSciences, Charité research organization GmbH, Chiltern, CLOVIS ONCOLOGY, INC., Covance, CRO Charité, CTI Ulm, CUBIST, CureVac AG, Tübingen, Curis, Daiichi Sankyo, Dartmouth College, Hanover, NH, USA, DC Devices, Inc. USA, Delcath Systems, Dermira Inc., Deutsche Krebshilfe, Deutsche Rheuma Liga, DZ – Deutsche Diabetes Forschungsgesellschaft e.V., Deutsches Zentrum für Luft- und Raumfahrt e.V., DFG, Dr. Falk Pharma GmbH, DSM Nutritional Products AG, Dt. Gesellschaft für muskuloskelettale Radiologie, Dt. Stiftung für Herzforschung, Dynavax, Aisai Ltd., European Knowledge Centre, Mosquito Way, Hatfield, Eli Lilly and Company Ltd., EORTC, Episurf Medical, Epizyme, Inc., Essex Pharma, EU Programmes, European society of gastrointestinal and abdominal radiology, Euroscreen S.A., F20 Biotech GmbH, Ferring Pharmaceuticals A/S, Fibrex Medical Inc., Focused Ultrasound Surgery Foundation, Fraunhofer Gesellschaft, GALA Therapeutics, US, Galena Biopharma, Galmed Research and Development Ltd., Ganymed, GBG Forschungs GmbH, GE, Gentech. Inc., Genmab A/S, Genzyme Europe B.V., GETNE (Grupo Espanol de Tumores Neuroendocrinos), Gilead Sciences, Inc., Glaxo Smith Kline, Glycotype GmbH Berlin, Goethe Uni Frankfurt, Guerbet, Guidant Europe NV, Halozyme, Hans-Böckler-Stiftung, Hewlett Packard GmbH, Holaira Inc., Horizon Therapeutics Ireland, ICON (CRO), Idera Pharmaceuticals, Inc., Ignyta, Inc., Immunomedics Inc., Immunocore, Inari Medical Europe GmbH Basel, Incyte, INC Research, Innate Pharma, InSightec Ltd., Inspiremd, InVentiv Health Clinical UK Ltd., Inventivhealth, IO Biotech ApS Copenhagen, IOMEDICO, IONIS, IPSEN Pharma, IQVIA ISA Therapeutics, Isis Pharmaceuticals Inc., ITM Solucin GmbH, Jansen-Cilag GmbH, Kantar Health GmbH (CRO), Kartos Therapeutics, Inc., Karyopharm Therapeutics, Inc., Kendle/MorphoSys AG, Kite Pharma, Kli Fo Berlin Mitte, Kura Oncology, Labcorb, La Roche, Land Berlin, Lilly GmbH, Lion Biotechnology, Lombard Medical, Loxo Oncology, Inc., LSK BioPartners, USA, Lundbeck GmbH, LUX Biosciences, LYSARC, MacroGenics, MagForce, MedImmune Inc., MedImmune Limited, Medpace, Medpace Germany GmbH (CRO), MedPass (CRO), Medtronic, Medtraveo GmbH, Merck, Merrimack Pharmaceuticals Inc., MeVis Medical Solutions AG, Millenium Pharmaceuticals Inc., Miltenyi Biomedicine GmbH, Bergisch Gladbach, miRagen Boukider, Mologen, Monika Kutzner Stiftung, MophoSys AG, MSD Sharp, Nektar Therapeutics, NeoVacs SA, Netzwerkverbund Radiologie, Neurocrine Biosciences Inc., US, Newlink Genetics Corporation, Nexus Oncology, NIH, NOGGO Berlin, Nord-Ostdeutsche Gesellschaft e.V., Novartis, Novocure, Nuvisan, Ockham oncology, Odonate Therapeutics San Diego, OHIRC Kanada, Oppilan Pharma Ltd., London, Orion Corporation Orion Pharma, OSE Immunotherapeutics, Parexel CRO Service, Pentixal Pharma GmbH Perceptive, Pfizer GmbH, PharmaCept GmbH, Pharma Mar, Pharmaceutical Research Associates GmbH (PRA), Pharmacyclics Inc., Philipps, Philogen s.p.a. Siena, Pliant therapeutics San Francisco, PIQUR Therapeutics Ltd., Pluristem, PneuRX.Inc., Portola Pharmaceuticals, PPD (CRO), PRaint, Precision GmbH, Premier-research, Priovant Therapeutics USA, Provectus Biopharmaceuticals, Inc., psi-cro, Pulmonx International Sarl, Quintiles GmbH, Radiobotics ApS, Regeneraon Pharmaceuticals Inc., Replimune, Respicardia, Rhythm Pharmaceuticals, Inc. Boston USA, Roche, Salix Pharmaceuticals Inc., Samsung, Sanofi, sanofis-aventis S.A., Sarepta Therapeutics, Cambridge, US, Saving Patient's Lives Medical B.V., Schumacher GmbH, Seagen, Seattle Genetics, Servier (CRO), SGS Life Science Sercives (CRO), Shape Memorial Midical Inc., USA, Shire Human Genetic Therapies, Siemens, Silena Therapeutics, SIRTEX Medical Europe GmbH, SOTIO Biotech, Boston, Spectranetics GmbH, Spectrum Pharmaceuticals, Stiftung Charite / BIH, St. Jude Medical, Stiftung Wolfgang Schulze, Syneos Health UK, Ltd., Symphogen, Taiho Oncology, Inc., Taiho Pharmaceutical Co., Target Pharma Solutions Inc., TauRx Therapeutics Ltd., Terumo Medical Corporation, Tesaro, tetec-ag, TEVA, Theorem, Theradex, Theravance, Threshold Pharmaceuticals Inc., TNS Healthcare GmbH, Toshiba, UCB Pharma, Ulrich GmbH Ulm, Uni Jena, Uni München, Uni Tübingen, Vaccibody A.S., VDI/VDE, Vertex Pharmaceuticals Incorporated, Viridian Therapeutics, US, Virtualscopis LLC, Winicker-norimed, Wyeth Pharma, Xcovery Holding Company, Zukunftsfond Berlin (TSB) for the department of Radiology

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: 04-04-2023

Your Name: Jürgen Braun

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease

Manuscript number (if known): QIMS-23-41

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 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 |  |

**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:**

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: 04-04-2023 \_\_\_\_\_  
 Your Name: Ingolf Sack \_\_\_\_\_  
 Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease \_\_\_\_\_  
 Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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 **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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | German Research Foundation, CRC1340-A01  | Grant to our institution  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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|    |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 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 |  |

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

I received funding from the German Research Foundation (CRC1340).



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: 04-04-2023 \_\_\_\_\_

Your Name: Patrick Asbach \_\_\_\_\_

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn's Disease \_\_\_\_\_

Manuscript number (if known): QIMS-23-41 \_\_\_\_\_

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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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) |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | German Research Foundation, CRC1340-B07  | Grant to our institution  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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**Please summarize the above conflict of interest in the following box:**

I received funding from the German Research Foundation (CRC1340).

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: 04-04-2023

Your Name: Rolf Reiter

Manuscript Title: Feasibility of In Vivo MR Elastography of Mesenteric Adipose Tissue in Crohn’s Disease

Manuscript number (if known): QIMS-23-41

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.

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|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | Rolf Reiter is a participant of the BIH-Charité Digital Clinician Scientist Program funded by Charité – Universitätsmedizin Berlin, Berlin Institute of Health and the DFG (German Research Foundation). |   |
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| 2   | Grants or contracts from any entity (if not indicated)   | None   |   |

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| 3  | Royalties or licenses  | None |  |
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| 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 |  |
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|    |  |      |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None |  |
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|    |  |      |  |
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|    |  |      |  |
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Rolf Reiter is a participant of the BIH-Charité Digital Clinician Scientist Program funded by Charité – Universitätsmedizin Berlin, Berlin Institute of Health and the DFG (German Research Foundation).

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