Date	: Sep. 18 th , 2023	_	
	Name: <u>Lan Huang</u>		
			Segmentation of Contrast-Enhancing Lesions on Brain MRI
of M	ultiple Sclerosis and Neuro	myelitis Optica Spectrum D	<u>Disorder</u>
Man	uscript number (if known):		
		<u>-</u>	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third
to tra	·	necessarily indicate a bias.	the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a .
	following questions apply to uscript only.	o the author's relationships	s/activities/interests as they relate to the <u>current</u>
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study	_X_None	
	materials, medical writing, article processing charges, etc.) No time limit for this item.		
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Time frame: past 36 months

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
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	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

Plea	se summarize the above conflict of interest in the following box:
N	lone.
Plea	se 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 form.

Date	e: <u>Sep. 18th, 2023</u>		
You	r Name: <u>Ziqi Zhao</u>		
Mar	uscript Title: <u>2.5D Transfer</u>	Deep Learning Model for	Segmentation of Contrast-Enhancing Lesions on Brain MR
of M	Iultiple Sclerosis and Neuro	myelitis Optica Spectrum	<u>Disorder</u>
Mar	uscript number (if known):		
In th	e interest of transparency.	we ask you to disclose all	relationships/activities/interests listed below that are
	•		ns any relation with for-profit or not-for-profit third
	·	•	f the manuscript. Disclosure represents a commitment
to tr	ansparency and does not r	necessarily indicate a bias.	If you are in doubt about whether to list a
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		o the author's relationship	os/activities/interests as they relate to the <u>current</u>
man	uscript only.		
Tho	author's relationships/activ	ities/interests should be d	efined broadly. For example, if your manuscript pertains
	·	_	all relationships with manufacturers of antihypertensive
	lication, even if that medica	•	
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In ite	em #1 below, report all sup	port for the work reported	d in this manuscript without time limit. For all other items
the 1	time frame for disclosure is	the past 36 months.	
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		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		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: past 36 months

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
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	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

Plea	se summarize the above conflict of interest in the following box:
N	lone.
Plea	se 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 form.

Date	: Sep. 18 th , 2023		
Your	Name: <u>Liying An</u>		
Man	uscript Title: <u>2.5D Transfer</u>	Deep Learning Model for	Segmentation of Contrast-Enhancing Lesions on Brain MRI
of M	ultiple Sclerosis and Neuro	myelitis Optica Spectrum I	<u>Disorder</u>
Man	uscript number (if known):		
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		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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1	All support for the present	_X_None	
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	article processing charges,		
	etc.)		
	No time limit for this item.		

Time frame: past 36 months

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
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	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
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8	Patents planned, issued or	X_None	
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9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	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-	X_None	
	financial interests		

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N	lone.
Plea	se place an "X" next to the following statement to indicate your agreement:
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Date	e: <u>Sep. 18th, 2023</u>		
You	r Name: <u>Yingchun Gong</u>		
Mar	nuscript Title: <u>2.5D Transfer I</u>	Deep Learning Model for S	Segmentation of Contrast-Enhancing Lesions on Brain MRI
of M	Iultiple Sclerosis and Neuro	myelitis Optica Spectrum D	Disorder Control of the Control of t
Mar	nuscript number (if known):		
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	Grants or contracts from		
	any entity (if not indicated		
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3	Royalties or licenses	X_None	
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	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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N	lone.
Plea	se 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 form.

Date	e: Sep. 18 th , 2023		
You	r Name: <u>Yao Wang</u>		
Mar	nuscript Title: <u>2.5D Transfer</u>	Deep Learning Model for S	Segmentation of Contrast-Enhancing Lesions on Brain MRI
	<u> 1ultiple Sclerosis and Neuro</u>		<u>Disorder</u>
Mar	nuscript number (if known):		
		-	elationships/activities/interests listed below that are
	-	•	s any relation with for-profit or not-for-profit third
•	•		the manuscript. Disclosure represents a commitment
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		o the author's relationships	s/activities/interests as they relate to the <u>current</u>
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med	lication, even if that medica	tion is not mentioned in th	e manuscript.
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		·	in this manuscript without time limit. For all other items,
the	time frame for disclosure is	the past 36 months.	
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		relationship or indicate	institution)
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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., 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).		
3	Royalties or licenses	X_None	
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	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

Plea	se summarize the above conflict of interest in the following box:
N	lone.
Plea	se 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 form.

Date	e: Sep. 18 th , 2023		
You	r Name: <u>Qixing Yang</u>		
Mar	nuscript Title: <u>2.5D Transfer</u>	Deep Learning Model for S	Segmentation of Contrast-Enhancing Lesions on Brain MRI
of N	<u>Multiple Sclerosis and Neuro</u>	myelitis Optica Spectrum [<u>Disorder</u>
Mar	nuscript number (if known):		
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the 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.)	X_None	
	No time limit for this item.		

Time frame: past 36 months

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
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	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

Plea	se summarize the above conflict of interest in the following box:
N	lone.
Plea	se 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 form.

Date	e: Sep. 18 th , 2023			
You	r Name: <u>Zhuo Wang</u>			
Man	uscript Title: <u>2.5D Transfer</u>	Deep Learning Model for S	Segmentation of Contrast-Enhancing Lesions on Brain MI	RI
of M	Iultiple Sclerosis and Neuro	myelitis Optica Spectrum [<u>Disorder</u>	
Man	uscript number (if known):			
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		relationship or indicate	institution)	
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1	All support for the present	_X_None		
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Time frame: past 36 months

	Grants or contracts from		
	any entity (if not indicated		
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3	Royalties or licenses	_X_None	
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	_X_None	
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7	Support for attending	_X_None	
	meetings and/or travel		
8	Patents planned, issued or	_X_None	
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9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
1.0	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
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12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	_X_None	
	financial interests		

Plea	ase summarize the above conflict of interest in the following box:
1	None.
Plea	ase 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 form.

	e: <u>Sep. 18th, 2023</u>			
You	Your Name: <u>Geli Hu</u>			
Mar	uscript Title: <u>2.5D Transfer I</u>	Deep Learning Model for S	egmentation of Contrast-Enhancing Lesions on Brain MRI	
of M	ultiple Sclerosis and Neuro	myelitis Optica Spectrum D	<u>visorder</u>	
Mar	uscript number (if known):			
	•	<u>-</u>	elationships/activities/interests listed below that are	
	•	•	s any relation with for-profit or not-for-profit third	
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	ication, even if that medica		•	
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	em #1 below, report all sup ime frame for disclosure is	·	in this manuscript without time limit. For all other items,	
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	All support for the present	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)	
the 1	All support for the present manuscript (e.g., funding,	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)	
the 1	All support for the present manuscript (e.g., funding, provision of study	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)	
the 1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	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)	
the 1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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)	
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
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	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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N	lone.
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V 🔾	e: <u>Sep. 18th, 2023</u>		
ı Oc	ır Name: <u>Yan Wang</u>		
Mai	nuscript Title: <u>2.5D Transfer</u>	Deep Learning Model for	Segmentation of Contrast-Enhancing Lesions on Brain MRI
of N	Multiple Sclerosis and Neuro	omyelitis Optica Spectrum	<u>Disorder</u>
Mai	nuscript number (if known):		
n tl	ne interest of transparency	we ask you to disclose all	relationships/activities/interests listed below that are
	· · · · · · · · · · · · · · · · · · ·	-	ns any relation with for-profit or not-for-profit third
	·	•	f the manuscript. Disclosure represents a commitment
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	tionship/activity/interest, it	<u>.</u>	•
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The	following questions apply	to the author's relationship	os/activities/interests as they relate to the <u>current</u>
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The	author's relationships/activ	vities/interests should be <u>d</u>	efined broadly. For example, if your manuscript pertains
to t	he epidemiology of hyperte	ension, you should declare	all relationships with manufacturers of antihypertensive
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
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7	Support for attending meetings and/or travel	_X_None	
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8	Patents planned, issued or	X_None	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
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	materials, drugs, medical		
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