ICMJE DISCLOSURE FORM

Date:_May 18, 2023 _____
Your Name:___Eun Joo Park _____
Manuscript Title:__ Impact of deep learning-based reconstruction and anti-peristaltic agent on the image quality and diagnostic performance of magnetic resonance enterography comparing single-shot fast spin echo with and without anti-peristaltic agent
Manuscript number (if known):_____

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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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	

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

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

No conflict of interest.

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

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ICMJE DISCLOSURE FORM

Date:_May 18, 2023 _____

Your Name:___Yedaun Lee _____

Manuscript Title:__ Impact of deep learning-based reconstruction and anti-peristaltic agent on the image quality and diagnostic performance of magnetic resonance enterography comparing single-shot fast spin echo with and without anti-peristaltic agent

Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date:_May 18, 2023 _____

Your Name:___Ho-Joon Lee _____

Manuscript Title:__ Impact of deep learning-based reconstruction and anti-peristaltic agent on the image quality and diagnostic performance of magnetic resonance enterography comparing single-shot fast spin echo with and without anti-peristaltic agent

Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date:_May 18, 2023 _____

Your Name:___Jung Hee Son _____

Manuscript Title:__ Impact of deep learning-based reconstruction and anti-peristaltic agent on the image quality and diagnostic performance of magnetic resonance enterography comparing single-shot fast spin echo with and without anti-peristaltic agent

Manuscript number (if known):_____

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Date:_May 18, 2023 _____

Your Name:___Jisook Yi _____

Manuscript Title:__ Impact of deep learning-based reconstruction and anti-peristaltic agent on the image quality and diagnostic performance of magnetic resonance enterography comparing single-shot fast spin echo with and without anti-peristaltic agent

Manuscript number (if known):_____

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colspan		**Time frame: Since the initial planning of the work**	
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11	Stock or stock options	_X_ None	
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Date:_May 18, 2023 _____

Your Name:___Seok Han _____

Manuscript Title:__ Impact of deep learning-based reconstruction and anti-peristaltic agent on the image quality and diagnostic performance of magnetic resonance enterography comparing single-shot fast spin echo with and without anti-peristaltic agent

Manuscript number (if known):_____

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colspan="4"	**Time frame: Since the initial planning of the work**
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colspan="4"	**Time frame: past 36 months**
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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9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_ None	
11	Stock or stock options	_X_ None	
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ICMJE DISCLOSURE FORM

Date:_October 13, 2023,_____
Your Name:___Joonsung Lee_____
Manuscript Title:__ Impact of deep learning-based reconstruction and anti-peristaltic agent on the image quality and diagnostic performance of magnetic resonance enterography comparing single-shot fast spin echo with and without anti-peristaltic agent
Manuscript number (if known):_____

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colspan4 **Time frame: Since the initial planning of the work**
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2	Grants or contracts from any entity (if not indicated	_X_ None	

	in item #1 above).		
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_ None	
6	Payment for expert testimony	_X_ None	
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or pending	_X_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_ None	
11	Stock or stock options	_X_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_ None	
13	Other financial or non-financial interests	GE HealthCare	Contribution of author Joonsung Lee was voluntary and did not involve any financial or non-financial compenstation.

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

While Dr. Joonsung Lee is affiliated with GE Healthcare Korea Co. Ltd., his contribution was limited to assisting with statistical analysis. No financial or nonfinancial compensation was involved. Therefore, his involvement does not represent a conflict of interest

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