ICMJE DISCLOSURE FORM

Date: Aug.28th,2023

Grants or contracts from

in item #1 above).

any entity (if not indicated

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_X__None

Yo	ur Name: Yuhan Zhou							
Manuscript Title: Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125l Seeds								
<u>lm</u>	<u>olantation in Mediastinal a</u>	and Hepatic Tumors						
Ma	nuscript number (if kno	wn):	QIMS-23-843					
that rel thi pa co to rel	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							
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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)					
		me frame: Since the initia	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.	X_None						
		Time frame: past	36 months					

3	Royalties or licenses	XNone				
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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	XNone				
	testimony					
7	Support for attending	X None				
'	meetings and/or travel	^_None				
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8	Patents planned, issued	XNone				
	or pending					
9	Participation on a Data	X_None				
	Safety Monitoring Board					
	or Advisory Board					
10	Leadership or fiduciary role in other board,	XNone				
	society, committee or					
	advocacy group, paid or					
	unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	XNone				
	financial interests					
Ple	Please summarize the above conflict of interest in the following box:					

No	one.		

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.							
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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)					
	Ti	me frame: Since the initia	planning of the work					
1	All support for the present manuscript (e.g., funding, provision of study materials, medical	XNone						

2	writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past 36 monthsX_NoneX_None
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

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None.			

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	C I certify that I have answered every question and have not altered the wording of any of the estions on this form.
	ICMJE DISCLOSURE FORM
Yo Ma	te:Aug.28th,2023 ur Name: Zhihao Wang unuscript Title: Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125l Seeds colantation in Mediastinal and Hepatic Tumors
	nuscript number (if known):QIMS-23-843
tha rel thi pa co to rel	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below at are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so. e following questions apply to the author's relationships/activities/interests as they relate to the reent
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pe to an	e author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript rtains the epidemiology of hypertension, you should declare all relationships with manufacturers of tihypertensive medication, even if that medication is not mentioned in the manuscript.
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uit	tune name for disclosure is the past so months.
	Name all entities with whom you have this relationship or indicate Specifications/Comments (e.g., if payments were made to you or to your institution)

		none (add rows as needed)	
	Ti	me frame: Since the initia	I planning of the work
1	All support for the	XNone	
	present 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
2	Grants or contracts from	X None	. Jo months
	any entity (if not indicated		
	in item #1 above).	N. M.	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
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5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued	X None	
	or pending	XNONE	
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	X None	
	role 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		
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	services		
13	Other financial or non-	XNone	
	financial interests		

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

None.				
ease place an "X" next	to the following staten	nent to indicat	e your agreement:	
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ICMJE DISCLOSURE FORM

Date:Aug.28 th ,2023						
Your Name: Weimeng Cao						
Manuscript Title: Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125l Seeds						
Implantation in Mediastinal and Hepatic Tumors						
Manuscript number (if known): QIMS-23-843						

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the time frame for disclosure is the past 36 months.

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the	X None	planning of the work
-	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	AINOTIE	
		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	X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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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	X_None	

	advocacy group, paid or unpaid		
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	XNone	
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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the	XNone	- planning or the work
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	funding, provision of study materials, medical		
	writing, article processing		
	charges, etc.) No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
5	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Command for all and the	V None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned issued	X None	

	or pending		
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	XNone	
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	XNone	
	•	•	ment to indicate your agreement: tion and have not altered the wording of any of the
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Yo Ma	nte: Aug.28th,2 our Name: Shushan Dong anuscript Title: Utility o plantation in Mediastinal a	g of Spectral CT with Or	thopedic Metal Artifact Reduction Algorithms for 125I Seeds
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1	All support for the present manuscript (e.g.,	X_None	
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2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
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	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests		an employee of Philips Healthcare
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Da	nte: Aug.28 th ,2	_	MJE DISCLOSURE FORM
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QIMS-23-843

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Manuscript number (if known):

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		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	X_None	
5	Payment or honoraria for	X None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests		an employee of Philips Healthcare
	ease summarize the abo		n the following box:
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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.

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Da	te: Aug.28 th ,2	000			
	ur Name: Zhigang Zhou		andia Matal Artifant Daduation Algorithms for 1951	Coodo	
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	o 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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		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)		
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		needed)			
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		relationship or indicate none (add rows as needed)	institution)
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,	XNONC	
	speakers bureaus,		
	manuscript writing or		
	educational events	V. N.	
6	Payment for expert testimony	XNone	
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7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued	X_None	
	or pending		
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9	Participation on a Data Safety Monitoring Board	XNone	
	or Advisory Board		
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	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	XNone	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
13	Services Other financial or non-	XNone	
13	financial interests	XNONC	

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