ICMJE DISCLOSURE FORM

Date:_____A~ug.~28th,2023_____

Your Name:__Yuhan Zhou_____

Manuscript Title:__ Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125I Seeds Implantation in Mediastinal and Hepatic Tumors____

Manuscript number (if known):_____ QIMS-23-843_____

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 <u>defined broadly</u>. 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)
		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.) **No time limit for this item.**	__X__None	
		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	
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:

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:_____Aug**.28**th**,2023_____**
Your Name:__Limin Lei____
**Manuscript Title:__ Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125I Seeds
Implantation in Mediastinal and Hepatic Tumors____**
Manuscript number (if known):_____ QIMS-23-843_____

**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 <u>current</u>
<u>manuscript only</u>.**

**The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
**Time frame: Since the initial planning of the work**			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical	__X__None	

	writing, article processing charges, etc.) **No time limit for this item.**		
**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	
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:

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:_____Aug.28th,2023_____

Your Name:__Zhihao Wang__

Manuscript Title:__ Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125I Seeds Implantation in Mediastinal and Hepatic Tumors____

Manuscript number (if known):_____ QIMS-23-843_____

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
<u>current</u>
<u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	Specifications/Comments (e.g., if payments were made to you or to your institution)

		none (add rows as 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.) **No time limit for this item.**	__X__None	
		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	
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	__X__None	

		services		
13	Other financial or non-financial interests	__X__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:

__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:_____Aug.28th,2023_____

Your Name:__Weimeng Cao__

Manuscript Title:___ Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125I Seeds Implantation in Mediastinal and Hepatic Tumors____

Manuscript number (if known):_____ QIMS-23-843_____

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)
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.) **No time limit for this item.**	__X__None	
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	
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	__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	__X__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:

__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:_____Aug.28th,2023_____

Your Name:__Minghui Qin__

Manuscript Title:__ Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125I Seeds Implantation in Mediastinal and Hepatic Tumors____

Manuscript number (if known):_____ QIMS-23-843_____

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 <u>defined broadly</u>. 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)
**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.) **No time limit for this item.**	__X__None	
**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	
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	__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	__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:

> 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:_____Aug.28th,2023_____

Your Name:__Shushan Dong__

Manuscript Title:__ Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125I Seeds Implantation in Mediastinal and Hepatic Tumors____

Manuscript number (if known):_____ QIMS-23-843_____

**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 <u>current</u>
<u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
**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.) **No time limit for this item.**	__X__None	
**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	
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		an employee of Philips Healthcare

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

Shushan Dong is an employee of Philips Healthcare.

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:_____Aug.28th,2023_____

Your Name:__Jinjin Dang__

Manuscript Title:__ Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125I Seeds Implantation in Mediastinal and Hepatic Tumors____

Manuscript number (if known):_____ **QIMS-23-843**_____

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 <u>current</u>
<u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
**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.) **No time limit for this item.**	__X__None	
**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	
5	Payment or honoraria for	__X__None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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		an employee of Philips Healthcare

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

> Jinjin Dang is an employee of Philips Healthcare.

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:_____Aug.28th,2023_____

Your Name: _Zhigang Zhou__

Manuscript Title:__ Utility of Spectral CT with Orthopedic Metal Artifact Reduction Algorithms for 125I Seeds Implantation in Mediastinal and Hepatic Tumors____

Manuscript number (if known):_____ QIMS-23-843_____

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)
**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.) **No time limit for this item.**	__X__None	
**Time frame: past 36 months**		
2	Grants or contracts from	__X__None	

	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 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:

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
questions on this
  form.