Date:Oct. 14th, 2023 Your Name: Xi Chen

Manuscript Title: Bibliometric analysis of myelin imaging studies of patients with multiple sclerosis (2000-2022)

Manuscript number (if known): QIMS-23-1157.

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.

		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)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert		
,	manuscript writing or educational events		
	educational events		
		None	
	testimony		
	Support for attending meetings and/or travel	None	
	Patents planned, issued or	None	
	pending		
\perp			
1	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	e following box:
ı	None.		
ni -	ase place an "X" next to the	following statement t	o indicate your agreement:
rie			
rie:	I certify that I have answ	ered every question ar	nd have not altered the wording of any of the questions on t
Plea fori		ered every question ar	nd have not altered the wording of any of the questions on t

Date:Oct. 14th, 2023 Your Name: Jie Zhang

Manuscript Title: Bibliometric analysis of myelin imaging studies of patients with multiple sclerosis (2000-2022)

Manuscript number (if known): QIMS-23-1157.

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.

		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)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert		
,	manuscript writing or educational events		
	educational events		
		None	
	testimony		
	Support for attending meetings and/or travel	None	
	Patents planned, issued or	None	
	pending		
\perp			
1	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	e following box:
ı	None.		
ni -	ase place an "X" next to the	following statement t	o indicate your agreement:
rie			
rie:	I certify that I have answ	ered every question ar	nd have not altered the wording of any of the questions on t
Plea fori		ered every question ar	nd have not altered the wording of any of the questions on t

Date:Oct. 14th, 2023 Your Name: Li-Shan Shen

Manuscript Title: Bibliometric analysis of myelin imaging studies of patients with multiple sclerosis (2000-2022)

Manuscript number (if known): QIMS-23-1157.

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.

		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)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert		
,	manuscript writing or educational events		
	educational events		
		None	
	testimony		
	Support for attending meetings and/or travel	None	
	Patents planned, issued or	None	
	pending		
\perp			
1	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	e following box:
ı	None.		
ni -	ase place an "X" next to the	following statement t	o indicate your agreement:
rie			
rie:	I certify that I have answ	ered every question ar	nd have not altered the wording of any of the questions on t
Plea fori		ered every question ar	nd have not altered the wording of any of the questions on t

Date:Oct. 14th, 2023

Your Name: Yao-Ping Chen

Manuscript Title: Bibliometric analysis of myelin imaging studies of patients with multiple sclerosis (2000-2022)

Manuscript number (if known): QIMS-23-1157.

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.

		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)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert		
,	manuscript writing or educational events		
	educational events		
		None	
	testimony		
	Support for attending meetings and/or travel	None	
	Patents planned, issued or	None	
	pending		
\perp			
1	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	e following box:
ı	None.		
ni -	ase place an "X" next to the	following statement t	o indicate your agreement:
rie			
rie:	I certify that I have answ	ered every question ar	nd have not altered the wording of any of the questions on t
Plea fori		ered every question ar	nd have not altered the wording of any of the questions on t

Date:Oct. 14th, 2023

Your Name: Jin-Quan Yang

Manuscript Title: Bibliometric analysis of myelin imaging studies of patients with multiple sclerosis (2000-2022)

Manuscript number (if known): QIMS-23-1157.

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.

		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)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert		
,	manuscript writing or educational events		
	educational events		
		None	
	testimony		
	Support for attending meetings and/or travel	None	
	Patents planned, issued or	None	
	pending		
\perp			
1	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	e following box:
ı	None.		
ni -	ase place an "X" next to the	following statement t	o indicate your agreement:
rie			
rie:	I certify that I have answ	ered every question ar	nd have not altered the wording of any of the questions on t
Plea fori		ered every question ar	nd have not altered the wording of any of the questions on t

Date:Oct. 14th, 2023 Your Name: Wen-Jie Tang

Manuscript Title: Bibliometric analysis of myelin imaging studies of patients with multiple sclerosis (2000-2022)

Manuscript number (if known): QIMS-23-1157.

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.

		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)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert		
,	manuscript writing or educational events		
	educational events		
		None	
	testimony		
	Support for attending meetings and/or travel	None	
	Patents planned, issued or	None	
	pending		
\perp			
1	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	e following box:
ı	None.		
ni -	ase place an "X" next to the	following statement t	o indicate your agreement:
rie			
rie:	I certify that I have answ	ered every question ar	nd have not altered the wording of any of the questions on t
Plea fori		ered every question ar	nd have not altered the wording of any of the questions on t

Date:Oct. 14th, 2023 Your Name: Ruo-Mi Guo

Manuscript Title: Bibliometric analysis of myelin imaging studies of patients with multiple sclerosis (2000-2022)

Manuscript number (if known): QIMS-23-1157.

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.

		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)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus,		
	Speakers bureaus.		
	manuscript writing or		
\rightarrow	educational events		
,	Payment for expert	None	
	testimony		
'	Support for attending meetings and/or travel	None	
}	Patents planned, issued or	None	
	pending		
\perp			
)	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
.0	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
_	group, paid or unpaid		
.1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
_	services		
3	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the	following box:
ı	None.		
L			
	oce place on "Y" pout to the	e following statement to	indicate your agreement:
Ple	ase piace an ix next to the		
Ple	•	vered every question and	d have not altered the wording of any of the questions on t
Ple:	I certify that I have answ	vered every question and	d have not altered the wording of any of the questions on t