

ICMJE DISCLOSURE FORM

Date: 2023-06-03

Your Name: Weifeng Yuan

Manuscript Title: The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects

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

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ICMJE DISCLOSURE FORM

Date: 2023-06-03

Your Name: Huayan Xu

Manuscript Title: The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects

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Date: 2023-06-03

Your Name: Li Yu

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Date: 2023-06-03

Your Name: Rong Xu

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3	Royalties or licenses	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> 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: 2023-06-03
 Your Name: Xiaoyue Zhou
 Manuscript Title: The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects
 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.

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			
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Time frame: past 36 months			

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

Xiao-Yue Zhou is an employee of Siemens Healthineers Digital Technology (Shanghai) Co., Ltd., Shanghai, China.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2023-06-03

Your Name: Xiaoming Bi

Manuscript Title: The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects

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

Xiao-Ming Bi is an employee of Siemens Medical Solutions USA, Inc., Los Angeles, CA, USA.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2023-06-03

Your Name: Xiaotang Cai

Manuscript Title: The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects

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ICMJE DISCLOSURE FORM

Date: 2023-06-03

Your Name: Yingkun Guo

Manuscript Title: The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects

Manuscript number (if known): _____

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