| Date:            | Nov. 16 <sup>th</sup> 2023   |
|------------------|--|
| Your Name:       | _Zhi Chen  |
| Manuscript Title | : Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT   | mages  |
| Manuscript num   | ber (if known): QIMS-23-1251   |

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 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) | 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).  | XNone  |   |
| 3 | Royalties or licenses   | X_None   |   |
| 4 | Consulting fees   | _XNone   |   |

| 5  | Payment or honoraria for                     | _ <b>X</b> _None |  |
|----|--|------------------|--|
|    | lectures, presentations,                     |                  |  |
|    | speakers bureaus,<br>manuscript writing or   |                  |  |
|    | educational events                           |                  |  |
| 6  | Payment for expert                           | X None           |  |
|    | testimony                                    |                  |  |
|    |  |                  |  |
| 7  | Support for attending meetings and/or travel | _X_None          |  |
|    |  |                  |  |
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| 8  | Patents planned, issued or                   | X_None           |  |
|    | pending                                      |                  |  |
| _  |  |                  |  |
| 9  | Participation on a Data                      | X_None           |  |
|    | Safety Monitoring Board or<br>Advisory Board |                  |  |
| 10 | Leadership or fiduciary role                 | V Name           |  |
| 10 | in other board, society,                     | XNone            |  |
|    | 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 services             |                  |  |
| 13 | Other financial or non-                      | _X_None          |  |
|    | financial interests                          |                  |  |
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| Date:            | Nov. 16th 2023   |
|------------------|--|
| Your Name:       | Bar Wai Barry Wo   |
| Manuscript Title | Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT   | mages  |
| Manuscript nun   | ber (if known): QIMS-23-1251   |

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|   |   | 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. | XNone  |   |
|   |   | 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   | _XNone   |   |

| 5    | Payment or honoraria for                           | _ <b>X</b> _None             |             |
|------|--|------------------------------|-------------|
|      | lectures, presentations,                           |                              |             |
|      | speakers bureaus,<br>manuscript writing or         |                              |             |
|      | educational events                                 |                              |             |
| 6    | Payment for expert                                 | _ <b>X</b> _None             |             |
|      | testimony  |                              |             |
|      |  |                              |             |
| 7    | Support for attending meetings and/or travel       | X_None                       |             |
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| 8    | Patents planned, issued or                         | _X_None                      |             |
|      | pending  |                              |             |
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| 9    | Participation on a Data Safety Monitoring Board or | X_None                       |             |
|      | Advisory Board                                     |                              |             |
| 10   | Leadership or fiduciary role                       | <b>X</b> None                |             |
|      | in other board, society,                           | _X_NONE                      |             |
|      | committee or advocacy                              |                              |             |
|      | group, paid or unpaid                              |                              |             |
| 11   | Stock or stock options                             | _X_None                      |             |
|      |  |                              |             |
| 12   | Descint of antique ant                             | V N                          |             |
| 12   | Receipt of equipment, materials, drugs, medical    | X_None                       |             |
|      | writing, gifts or other                            |                              |             |
|      | services   |                              |             |
| 13   | Other financial or non-                            | _ <b>X</b> _None             |             |
|      | financial interests                                |                              |             |
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| Date:            | Nov. 16 <sup>th</sup> 2023   |
|------------------|--|
| Your Name:       | Oi Ling Chan   |
| Manuscript Title | e:Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT   | Images   |
| Manuscript nun   | nber (if known): QIMS-23-1251  |

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 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) | 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. | XNone  |   |
|   |   | 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   | XNone  |   |

| 5                        | Payment or honoraria for                              | _ <b>X</b> _None             |             |
|--------------------------|---|------------------------------|-------------|
|                          | lectures, presentations,                              |                              |             |
|                          | speakers bureaus,<br>manuscript writing or            |                              |             |
|                          | educational events                                    |                              |             |
| 6                        | Payment for expert                                    | _ <b>X</b> _None             |             |
|                          | testimony   |                              |             |
|                          |   |                              |             |
| 7                        | Support for attending meetings and/or travel          | X_None                       |             |
|                          |   |                              |             |
|                          |   |                              |             |
| 8                        | Patents planned, issued or                            | _ <u>X</u> _None             |             |
|                          | pending   |                              |             |
|                          |   |                              |             |
| 9                        | Participation on a Data<br>Safety Monitoring Board or | X_None                       |             |
|                          | Advisory Board  |                              |             |
| 10                       | Leadership or fiduciary role                          | <b>X</b> None                |             |
| in other board, society, | _X_NONE   |                              |             |
|                          | committee or advocacy                                 |                              |             |
|                          | group, paid or unpaid                                 |                              |             |
| 11                       | Stock or stock options                                | _X_None                      |             |
|                          |   |                              |             |
| 12                       | Descint of antique ant                                | V N                          |             |
| 12                       | Receipt of equipment, materials, drugs, medical       | X_None                       |             |
|                          | writing, gifts or other                               |                              |             |
|                          | services  |                              |             |
| 13                       | Other financial or non-                               | _ <b>X</b> _None             |             |
|                          | financial interests                                   |                              |             |
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| Date:                   | Nov. 16 <sup>th</sup> 2023   |
|-------------------------|--|
| Your Name:              | Yu-Hua Huang   |
| <b>Manuscript Title</b> | : Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT I        | mages  |
| Manuscript num          | ber (if known): QIMS-23-1251   |

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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) |
|---|---|--|---|
|   |   | 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. | XNone  |   |
|   |   | 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   | _XNone   |   |

| 5                        | Payment or honoraria for                              | _ <b>X</b> _None             |             |
|--------------------------|---|------------------------------|-------------|
|                          | lectures, presentations,                              |                              |             |
|                          | speakers bureaus,<br>manuscript writing or            |                              |             |
|                          | educational events                                    |                              |             |
| 6                        | Payment for expert                                    | _ <b>X</b> _None             |             |
|                          | testimony   |                              |             |
|                          |   |                              |             |
| 7                        | Support for attending meetings and/or travel          | X_None                       |             |
|                          |   |                              |             |
|                          |   |                              |             |
| 8                        | Patents planned, issued or                            | _ <u>X</u> _None             |             |
|                          | pending   |                              |             |
|                          |   |                              |             |
| 9                        | Participation on a Data<br>Safety Monitoring Board or | X_None                       |             |
|                          | Advisory Board  |                              |             |
| 10                       | Leadership or fiduciary role                          | <b>X</b> None                |             |
| in other board, society, | _X_NONE   |                              |             |
|                          | committee or advocacy                                 |                              |             |
|                          | group, paid or unpaid                                 |                              |             |
| 11                       | Stock or stock options                                | _X_None                      |             |
|                          |   |                              |             |
| 12                       | Descint of antique ant                                | V N                          |             |
| 12                       | Receipt of equipment, materials, drugs, medical       | X_None                       |             |
|                          | writing, gifts or other                               |                              |             |
|                          | services  |                              |             |
| 13                       | Other financial or non-                               | _ <b>X</b> _None             |             |
|                          | financial interests                                   |                              |             |
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| Date:                   | Nov. 16 <sup>th</sup> 2023   |
|-------------------------|--|
| Your Name:              | Xinzhi Teng  |
| <b>Manuscript Title</b> | Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT I        | mages  |
| Manuscript num          | ber (if known): QIMS-23-1251   |

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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) |
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|   |   | 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. | XNone  |   |
|   |   | 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                              | _ <b>X</b> _None             |             |
|--------------------------|---|------------------------------|-------------|
|                          | lectures, presentations,                              |                              |             |
|                          | speakers bureaus,<br>manuscript writing or            |                              |             |
|                          | educational events                                    |                              |             |
| 6                        | Payment for expert                                    | _ <b>X</b> _None             |             |
|                          | testimony   |                              |             |
|                          |   |                              |             |
| 7                        | Support for attending meetings and/or travel          | X_None                       |             |
|                          |   |                              |             |
|                          |   |                              |             |
| 8                        | Patents planned, issued or                            | _ <u>X</u> _None             |             |
|                          | pending   |                              |             |
|                          |   |                              |             |
| 9                        | Participation on a Data<br>Safety Monitoring Board or | X_None                       |             |
|                          | Advisory Board  |                              |             |
| 10                       | Leadership or fiduciary role                          | <b>X</b> None                |             |
| in other board, society, | _X_NONE   |                              |             |
|                          | committee or advocacy                                 |                              |             |
|                          | group, paid or unpaid                                 |                              |             |
| 11                       | Stock or stock options                                | _X_None                      |             |
|                          |   |                              |             |
| 12                       | Descint of antique ant                                | V N                          |             |
| 12                       | Receipt of equipment, materials, drugs, medical       | X_None                       |             |
|                          | writing, gifts or other                               |                              |             |
|                          | services  |                              |             |
| 13                       | Other financial or non-                               | _ <b>X</b> _None             |             |
|                          | financial interests                                   |                              |             |
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| Date:            | Nov. 16 <sup>th</sup> 2023   |
|------------------|--|
| Your Name:       | Jiang Zhang  |
| Manuscript Title | : Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT I | mages  |
| Manuscript num   | ber (if known): QIMS-23-1251   |

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|   |   | Time frame: Since the initial  | planning of the work  |
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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   | _XNone   |   |

| 5                     | Payment or honoraria for  | _ <b>X</b> _None             |             |
|-----------------------|---|------------------------------|-------------|
|                       | lectures, presentations,  |                              |             |
|                       | speakers bureaus,<br>manuscript writing or                              |                              |             |
|                       | educational events  |                              |             |
| 6                     | Payment for expert  | _ <b>X</b> _None             |             |
|                       | testimony   |                              |             |
|                       |   |                              |             |
| 7                     | Support for attending meetings and/or travel                            | X_None                       |             |
|                       |   |                              |             |
|                       |   |                              |             |
| 8                     | Patents planned, issued or  | _ <u>X</u> _None             |             |
|                       | pending   |                              |             |
|                       |   |                              |             |
| 9                     | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board | X_None                       |             |
|                       |   |                              |             |
| 10                    | Leadership or fiduciary role  | <b>X</b> None                |             |
| in other board, socie | in other board, society,  | _X_NONE                      |             |
|                       | committee or advocacy   |                              |             |
|                       | group, paid or unpaid   |                              |             |
| 11                    | Stock or stock options  | _X_None                      |             |
|                       |   |                              |             |
| 12                    | Descint of antique ant  | V N                          |             |
| 12                    | Receipt of equipment, materials, drugs, medical                         | X_None                       |             |
|                       | writing, gifts or other   |                              |             |
|                       | services  |                              |             |
| 13                    | Other financial or non-   | _ <b>X</b> _None             |             |
|                       | financial interests   |                              |             |
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| Date:            | lov. 16 <sup>th</sup> 2023   |  |
|------------------|--|--|
| Your Name:       | Yanjing Dong   |  |
| Manuscript Title | Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |  |
| Segments in CT   | ages   |  |
| Manuscript num   | er (if known): QIMS-23-1251  |  |

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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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) | 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, | XNone  |   |
|   | provision of study materials,                          |  |   |
|   | medical writing, article                               |  |   |
|   | processing charges, etc.)                              |  |   |
|   | No time limit for this item.                           |  |   |
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|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                               | <b>X</b> None  |   |
|   | any entity (if not indicated                           |  |   |
|   | in item #1 above).                                     |  |   |
| 3 | Royalties or licenses                                  | _ <b>X</b> _None   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | <b>X</b> None  |   |
|   |  |  |   |

| 5  | Payment or honoraria for                     | _ <b>X</b> _None |  |
|----|--|------------------|--|
|    | lectures, presentations,                     |                  |  |
|    | speakers bureaus,<br>manuscript writing or   |                  |  |
|    | educational events                           |                  |  |
| 6  | Payment for expert                           | X None           |  |
|    | testimony                                    |                  |  |
|    |  |                  |  |
| 7  | Support for attending meetings and/or travel | _X_None          |  |
|    |  |                  |  |
|    |  |                  |  |
| 8  | Patents planned, issued or                   | X_None           |  |
|    | pending                                      |                  |  |
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| 9  | Participation on a Data                      | X_None           |  |
|    | Safety Monitoring Board or<br>Advisory Board |                  |  |
| 10 | Leadership or fiduciary role                 | V Name           |  |
| 10 | in other board, society,                     | XNone            |  |
|    | 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 services             |                  |  |
| 13 | Other financial or non-                      | _X_None          |  |
|    | financial interests                          |                  |  |
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| Date:            | Nov. 16 <sup>th</sup> 2023   |
|------------------|--|
| Your Name:       | _Li Xiao   |
| Manuscript Title | : Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT   | mages  |
| Manuscript nun   | nber (if known):QIMS-23-1251   |

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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|   |   | 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. | XNone  |   |
|   |   | 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   | _XNone   |   |

| 5    | Payment or honoraria for lectures, presentations,                       | _X_None                      |              |
|------|---|------------------------------|--------------|
|      |   |                              |              |
|      | speakers bureaus,<br>manuscript writing or                              |                              |              |
|      | educational events  |                              |              |
| 6    | Payment for expert  | _ <b>X</b> _None             |              |
|      | testimony   |                              |              |
|      |   |                              |              |
| 7    | Support for attending meetings and/or travel                            | <b>X</b> _None               |              |
|      |   |                              |              |
|      |   |                              |              |
| 8    | Patents planned, issued or  | _ <b>X</b> _None             |              |
|      | pending   |                              |              |
| _    |   |                              |              |
| 9    | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board | X_None                       |              |
|      |   |                              |              |
| 10   | Leadership or fiduciary role  | X None                       |              |
| 10   | in other board, society, committee or advocacy group, paid or unpaid    | _ <u>X</u> None              |              |
|      |   |                              |              |
|      |   |                              |              |
| 11   | Stock or stock options  | <b>X</b> _None               |              |
|      |   |                              |              |
|      |   |                              |              |
| 12   | Receipt of equipment, materials, drugs, medical                         | <b>X</b> _None               | _            |
|      | writing, gifts or other   |                              | +            |
|      | services  |                              |              |
| 13   | Other financial or non-   | _X_None                      |              |
|      | financial interests   |                              |              |
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| Date:           | _ Nov. 16 <sup>th</sup> 2023 |  |
|-----------------|------------------------------|--|
| Your Name:      | Ge Ren                       |  |
| Manuscript Titl | e: <u>Deep Lea</u>           | rning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT  | Images                       |  |
| Manuscript nur  | nber (if known):             | QIMS-23-1251   |

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|---|---|--|---|
| 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. | Time frame: Since the initial planning of the w XNone  | ork   |
|   |   | 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   | XNone  |   |
| 5 |   | _X_None  |   |

|      | Payment or honoraria for                     |  |  |
|------|--|--|--|
|      | lectures, presentations,                     |  |  |
|      | speakers bureaus,                            |  |  |
|      | manuscript writing or                        |  |  |
|      | educational events                           |  |  |
| 6    | Payment for expert                           | <b>X</b> _None                             |  |
|      | testimony                                    |  |  |
|      |  |  |  |
| 7    | Support for attending meetings and/or travel | X_None                                     |  |
|      |  |  |  |
|      |  |  |  |
| 8    | Patents planned, issued or                   | <b>X</b> _None                             |  |
|      | pending                                      |  |  |
|      |  |  |  |
| 9    | Participation on a Data                      | XNone                                      |  |
|      | Safety Monitoring Board or                   |  |  |
|      | Advisory Board                               |  |  |
| 10   | Leadership or fiduciary role                 | XNone                                      |  |
|      | in other board, society,                     |  |  |
|      | committee or advocacy group, paid or unpaid  |  |  |
| 11   | Stock or stock options                       | X None                                     |  |
|      |  |  |  |
|      |  |  |  |
| 12   | Receipt of equipment,                        | XNone                                      |  |
|      | materials, drugs, medical                    |  |  |
|      | writing, gifts or other                      |  |  |
|      | services                                     |  |  |
| 13   | Other financial or non-                      | _ <u>X</u> _None                           |  |
|      | financial interests                          |  |  |
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| Diaa |  | afick of interest in the faller in a least |  |

| None |  |  |
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Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| Date:             | Nov. 16 <sup>th</sup> 2023   |
|-------------------|--|
| Your Name:        | _ Jing Cai   |
| Manuscript Title: | Deep Learning-based Bronchial Tree-guided Semi-automatic Segmentation of Pulmonary |
| Segments in CT I  | mages  |
| Manuscript num    | ber (if known): QIMS-23-1251   |

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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   | XNone  |   |
| 5 |   | X_None   |   |

|      | Payment or honoraria for                          |   |       |
|------|---|---|-------|
|      | lectures, presentations,                          |   |       |
|      | speakers bureaus,                                 |   |       |
|      | manuscript writing or                             |   |       |
|      | educational events                                |   |       |
| 6    | Payment for expert                                | _ <b>X</b> _None                            |       |
|      | testimony   |   |       |
|      |   |   |       |
| 7    | Support for attending meetings and/or travel      | X_None                                      |       |
|      |   |   |       |
|      |   |   |       |
| 8    | Patents planned, issued or                        | <b>X</b> _None                              |       |
|      | pending   |   |       |
|      |   |   |       |
| 9    | Participation on a Data                           | <b>X</b> _None                              |       |
|      | Safety Monitoring Board or                        |   |       |
|      | Advisory Board                                    |   |       |
| 10   | Leadership or fiduciary role                      | _ <u>X</u> None                             |       |
|      | 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 |   |       |
|      | services  |   |       |
| 13   | Other financial or non-                           | _ X _None                                   |       |
|      | financial interests                               | _X_None                                     |       |
|      |   |   |       |
| Plea | se summarize the above co                         | nflict of interest in the following box:    |       |
| Plea | se place an "X" next to the                       | following statement to indicate your agreer | ment: |

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.