Date:_____ December 15, 2023____ Your Name:____ Cui Ren ___ Manuscript Title:_____ Assessment of the sacroiliac joint in patients with axial spondyloarthritis by three-dimensional ultrashort echo time magnetic resonance imaging____ 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 <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) planning of the work
1	All support for the present	√ None	
-	manuscript (e.g., funding,	vivone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time from a past	26 months
	• •	Time frame: past	36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	$_$ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or pending	√None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	VNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√_None	
13	Other financial or non- financial interests	√None	

Cui Ren has nothing to disclose.

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

Date:_____ December 15, 2023____ Your Name:____ Qiao Zhu ___ Manuscript Title:_____ Assessment of the sacroiliac joint in patients with axial spondyloarthritis by three-dimensional ultrashort echo time magnetic resonance imaging____ Manuscript number (if known):_____

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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)
	-	The frame: Since the initial	
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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	VNone	
3	Royalties or licenses	√None	
4	Consulting fees	$_$ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
6	Payment for expert testimony	VNone	
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or pending	√None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	√None	
10			
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	VNone	
12	Receipt of equipment, materials, drugs, medical	√_None	
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

Qiao Zhu has nothing to disclose.

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

Date:_____ December 15, 2023____ Your Name:____ Qing Li ___ Manuscript Title:_____ Assessment of the sacroiliac joint in patients with axial spondyloarthritis by three-dimensional ultrashort echo time magnetic resonance imaging____ Manuscript number (if known):_____

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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) planning of the work
		1	
1	All support for the present	Nnone	
	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	${VNone}$	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	${v}$ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	√None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	VNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√_None	
13	Other financial or non- financial interests	None	

Qing Li has nothing to disclose.

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

Date:_____ December 15, 2023____ Your Name:____ Sommer Stefan ___ Manuscript Title:_____ Assessment of the sacroiliac joint in patients with axial spondyloarthritis by three-dimensional ultrashort echo time magnetic resonance imaging____ Manuscript number (if known):_____

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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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	-	The frame: Since the initial	
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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	VNone	
3	Royalties or licenses	√None	
4	Consulting fees	$_$ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	√None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	VNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√_None	
13	Other financial or non- financial interests	None	

Sommer Stefan has nothing to disclose.

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

Date:_____ December 15, 2023____ Your Name:____ Xianchang Zhang ___ Manuscript Title:_____ Assessment of the sacroiliac joint in patients with axial spondyloarthritis by three-dimensional ultrashort echo time magnetic resonance imaging____ 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 <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)
	-	The frame: Since the initial	
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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	VNone	
3	Royalties or licenses	√None	
4	Consulting fees	$_$ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	√None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	VNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√_None	
13	Other financial or non- financial interests	None	

Xianchang Zhang has nothing to disclose.

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

Date:_____ December 15, 2023_____ Your Name:____ Huishu Yuan ___ Manuscript Title:_____ Assessment of the sacroiliac joint in patients with axial spondyloarthritis by three-dimensional ultrashort echo time magnetic resonance imaging____ 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 <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)
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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.	√None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	VNone	
3	Royalties or licenses	√None	
4	Consulting fees	$_$ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	√None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	VNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√_None	
13	Other financial or non- financial interests	None	

Huishu Yuan has nothing to disclose.

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