

ICMJE DISCLOSURE FORM

Date:09-10-2023

Your Name: Teodoro Martín-Noguerol

Manuscript Title: Natural language processing-based analysis of the level of adoption by expert radiologists of the ASSR, ASNR and NASS version 2.0 of lumbar disc nomenclature: An eight-year survey.

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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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

Teodoro Martín-Noguerol is an employee of HT Medica.

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

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:09-11-2023

Your Name: Pilar López-Úbeda

Manuscript Title: Natural language processing-based analysis of the level of adoption by expert radiologists of the ASSR, ASNR and NASS version 2.0 of lumbar disc nomenclature: An eight-year survey.

Manuscript number (if known): _____

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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.	This study has received funding by Ministry of Science and Innovation (MCIN/AEI/10.13039/501100011033), grant number PTQ2021-012120	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	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	None	
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	employee	HT Medica

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

This study has received funding by Ministry of Science and Innovatio (MCIN/AEI/10.13039/501100011033), grant number PTQ2021-012120. Dr. López-Úbeda is an employee of HT Medica.

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: 11/09/2023

Your Name: Félix Paulano-Godino

Manuscript Title: Natural language processing-based analysis of the level of adoption by expert radiologists of the ASSR, ASNR and NASS version 2.0 of lumbar disc nomenclature: An eight-year survey

Manuscript number (if known): _____

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	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	___ None	
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	employee	HT Medica

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Dr. Paulano-Godino is an employee of HT Medica.

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:09-10-2023

Your Name: Antonio Luna

Manuscript Title: Natural language processing-based analysis of the level of adoption by expert radiologists of the ASSR, ASNR and NASS version 2.0 of lumbar disc nomenclature: An eight-year survey.

Manuscript number (if known): _____

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

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	Springer	Royalties to institution as book editor
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	GE Healthcare	Fee to institution as lecturer
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Siemens Healthineers	Fee to institution as Digital Oncology Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	employee	HT Medica
		Chair of Radiology and Shareholder	HT Medica

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Antonio Luna has received payments to institution from Springer as book editor, GE Healthcare as lecturer and Siemens Healthineers as member of Digital oncology Advisory Board. Antonio Luna is an employee of HT Medica. She is also the Chair of Radiology and Shareholder in HT Medica.

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