

## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024 \_\_\_\_\_

Your Name: Shungo Sawamura \_\_\_\_\_

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom \_\_\_\_\_

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.

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13	Other financial or non-financial interests	<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:**

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: Jan. 30<sup>th</sup>, 2024

Your Name: Shingo Kato

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024

Your Name: Yoshinori Funama

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024

Your Name: Seitaro Oda

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024 \_\_\_\_\_

Your Name: Harumi Mochizuki \_\_\_\_\_

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024

Your Name: Sayuri Inagaki

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024

Your Name: Yuka Takeuchi

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024

Your Name: Tsubasa Morioka

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024 \_\_\_\_\_

Your Name: Toshiharu Izumi \_\_\_\_\_

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024

Your Name: Yoichiro Ota

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024 \_\_\_\_\_

Your Name: Hironori Kawagoe \_\_\_\_\_

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom \_\_\_\_\_

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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 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	<input checked="" type="checkbox"/> None	
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	<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:

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: Jan. 30<sup>th</sup>, 2024

Your Name: Shihyao Cheng

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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None.

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024

Your Name: Naoki Nakayama

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

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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None.

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

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## ICMJE DISCLOSURE FORM

Date: Jan. 30<sup>th</sup>, 2024

Your Name: Kazuki Fukui

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<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:**

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: Feb 25<sup>th</sup>, 2020

Your Name: Takashi Tsutsumi

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Canon Medical Systems	The author is an employee of Canon Medical Systems Corporation.
<b>Time frame: past 36 months</b>			
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

The author is an employee of Canon Medical Systems Corporation.

**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: Jan. 30<sup>th</sup>, 2024 \_\_\_\_\_

Your Name: Tae Iwasawa \_\_\_\_\_

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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None.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJJE DISCLOSURE FORM

Date: Feb 25<sup>th</sup>, 2020

Your Name: Daisuke Utsunomiya

Manuscript Title: Evaluation of Four CT Reconstruction Algorithms using a Coronary Artery Phantom

Manuscript number (if known):

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<b>Time frame: past 36 months</b>			
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