Date: <u>November 21, 2023</u> Your Name: <u>Dan Zhu</u>

Manuscript Title: Experimental and clinical validation of an artificial intelligence metal artifact correction algorithm for

low-dose following up CT of percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-1645

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 XNone	planning of the work
		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	

		Т	
_	Doumont or house it for	V Name	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
,	testimony	XNone	
	testimony		
7	Support for attending	_XNone	
<i>'</i>	meetings and/or travel	_^NONE	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	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	XNone	
L2	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in th	ne following box:
	None		
Ple	ease place an "X" next to the	e following statement	to indicate your agreement:
	_ I certify that I have answe	ered every question an	d have not altered the wording of any of the questions on

Date: November 21, 2023
Your Name: Zhengjia Zhang

Manuscript Title: Experimental and clinical validation of an artificial intelligence metal artifact correction algorithm for

low-dose following up CT of percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-1645

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)
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 initialXNone	planning of the work
		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	

		Т	
_	Doumont or house it for	V Name	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
,	testimony	XNone	
	testimony		
7	Support for attending	_XNone	
<i>'</i>	meetings and/or travel	_^NONE	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	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	XNone	
L2	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in th	ne following box:
	None		
Ple	ease place an "X" next to the	e following statement	to indicate your agreement:
	_ I certify that I have answe	ered every question an	d have not altered the wording of any of the questions on

Date: <u>November 21, 2023</u>

Your Name: Yixuan Zou Migg

Manuscript Title: Experimental and clinical validation of an artificial intelligence metal artifact correction algorithm for

low-dose following up CT of percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-1645

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,	XNone	
	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	X None	30 months
1000	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
10	Consulting rees	<u></u>	

		T	T
_	D	V No.	
5	Payment or honoraria for	XNone	
	lectures, presentations,		_
	speakers bureaus,		
	manuscript writing or educational events		
_		V. None	
6	Payment for expert	XNone	
	testimony		_
7	Support for attending	X None	
′	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	_
	pending		_
0	Darticipation on a Data	V None	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	^_NUITE	_
	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-	XNone	
	financial interests		
		e	
	w en v		
Plea	se summarize the above co	ntlict of interest in the fo	llowing box:
	de de contrat de la contrat de		
1	declare that I am an employed	researcher of the following	company: United Imaging Healthcare.
Ple	ase place an "X" next to the	following statement to in	ndicate your agreement:
	I certify that I have answe	red every question and ha	ave not altered the wording of any of the questions on the

form.

Date: November 21, 2023
Your Name: Guozhi Zhang

Manuscript Title: Experimental and clinical validation of an artificial intelligence metal artifact correction algorithm for

low-dose following up CT of percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-1645

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	XNone	
	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	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

-	5	V N		
5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	_XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
0	pending	XNone		
	pending			
_	Dawtisination 5 - Data	V. None		
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	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ise summarize the above co	nflict of interest in the foll	owing box:	
1	declare that I am an employed	researcher of the following co	ompany: United Imaging Healthcare.	
	. ,	S		
Plea	se place an "X" next to the	following statement to inc	dicate your agreement:	
	•	-	-	
	I certify that I have answer	ed every question and hav	e not altered the wording of any of the questions on thi	is forn
	,	,	and the same and the same same same same same same same sam	

Date: November 21, 2023
Your Name: Xiaofei Cheng

Manuscript Title: Experimental and clinical validation of an artificial intelligence metal artifact correction algorithm for

low-dose following up CT of percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-1645

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	XNone	
	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	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		T	
5			
	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	XNone	
	testimony		
	Support for attending	_XNone	
	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
	Patents planned, issued or	XNone	
	pending		
	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
.0	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
.1	Stock or stock options	X None	
	Stock of Stock options	XNOTIC	
2	Descint of annions and	V Name	
2	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	XNone	
	financial interests		
ea	se summarize the above co	nflict of interest in the	e following box:
Ν	one		
les	se place an "Y" poyt to the	following statement +	o indicate your agreement:
ıea	se place all A liext to the	ionowing statement t	o maicate your agreement.
	I certify that I have answer	ed every question and	I have not altered the wording of any of the questions on this

Date: <u>November 21, 2023</u> Your Name: <u>Daqian Wan</u>

Manuscript Title: Experimental and clinical validation of an artificial intelligence metal artifact correction algorithm for

low-dose following up CT of percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-1645

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 XNone	planning of the work
		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	

		1	
5			
	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	XNone	
	testimony		
	Support for attending	_XNone	
	meetings and/or travel		
	<i>5 ,</i>		
	Patents planned, issued or	XNone	
	pending		
	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
_	Leadership or fiduciary role	XNone	
.0		xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	XNone	
2	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	X None	
	financial interests		
	financial interests	affict of interest in the	o following how
ea		nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
	financial interests use summarize the above co	nflict of interest in th	e following box:
N	financial interests use summarize the above co		
N	financial interests use summarize the above co		to indicate your agreement:
N	se summarize the above co	following statement t	

Date: <u>November 21, 2023</u> Your Name: <u>Songtao Ai</u>

Manuscript Title: Experimental and clinical validation of an artificial intelligence metal artifact correction algorithm for

low-dose following up CT of percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-1645

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)
1	All averaged for the present	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.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

		T	
5			
	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	XNone	
	testimony		
	Support for attending	_XNone	
	meetings and/or travel		
	Patents planned, issued or	X None	
	pending		
	F		
	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
\vdash	Leadership or fiduciary role	V. None	
)	-	XNone	
ļ	in other board, society,		
ļ	committee or advocacy		
1	group, paid or unpaid	V. None	
1	Stock or stock options	XNone	
_		V N	
2	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
_	services	V. Nana	
3			
	Other financial or non-	XNone	
		xNone	
	Other financial or non-	XNone	
	Other financial or non-	XNone	
	Other financial or non- financial interests		A fallowing how
ea	Other financial or non-		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
	Other financial or non- financial interests		e following box:
N	Other financial or non-financial interests see summarize the above contained	nflict of interest in the	
N	Other financial or non- financial interests	nflict of interest in the	
N	Other financial or non-financial interests see summarize the above colone one	nflict of interest in the	