ICMJE DISCLOSURE FORM

Date: November 21, 2023
Your Name: Dan Zhu
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 **current manuscript only**.

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colspan		**Time frame: Since the initial planning of the work**	
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colspan		**Time frame: past 36 months**	
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3	Royalties or licenses	__X__None	
4	Consulting fees	__X__None	

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6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	_X___None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__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: 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

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13	Other financial or non-financial interests	__X__None	

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None

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ICMJE DISCLOSURE FORM

Date: <u>November 21, 2023</u>
Your Name: <u>Yixuan Zou</u>
Manuscript Title: <u>Experimental and clinical validation of an artificial intelligence metal artifact correction algorithm for low-dose following up CT of percutaneous vertebroplasty</u>
Manuscript number (if known): <u>QIMS-23-1645</u>

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colspan=4	**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**		
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Please summarize the above conflict of interest in the following box:

I declare that I am an employed researcher of the following company: United Imaging Healthcare.

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

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form.

ICMJE DISCLOSURE 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

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ICMJE DISCLOSURE FORM

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

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ICMJE DISCLOSURE FORM

Date: November 21, 2023
Your Name: Daqian Wan
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

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Date: November 21, 2023
Your Name: Songtao Ai
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