| Date: | _2024/01/08 | |
|-----------------------|---|----|
| Your Name: | _Liangjing Lyu | |
| Manuscript Tit | tle:_Association Between Quadriceps Fat Pad Edema and Patellofemoral Osteoarthritis: A Quantitative (| Q- |
| Dixon-Based N | ЛRI Analysis | |
| Manuscript nu | ımber (if known): QIMS-23-1730 | |

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.

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) Time frame: Since the initial p | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | | Darming 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. | Funding: This work was supported by the Research Fund of Shanghai Changning District Health Commission (20234Y002) | |
| | | Time frame: past 3 | 6 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 | None | |
|---|--|------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| 7 | Comment for a the little | Name | |
| 7 | Support for attending meetings and/or travel | None | |
| | Ç , | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | n other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| Please summarize the above conflict of interest in the following box: | | | |

| Dr. Lyu reports a grant from the Research Fund of Shanghai Changning District Health Commission (No. 20234Y002)., during the conduct of the study. |
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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.

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| | | ICIVIJE DISCE | OSURL FURIVI |
|-------------------------|--|--|--|
| Date | e:2024/1/8 | | |
| Your | · Name:Jing Ren | | |
| Man | uscript Title: Association Be | etween Quadriceps Fat Pa | d Edema and Patellofemoral Osteoarthritis: A Quantitative |
| Dixo | n-Based MRI Analysis | | |
| Man | uscript number (if known): | QIMS-23-1730 | |
| relat parti to tr | ed to the content of your nies whose interests may be | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. | relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| | following questions apply tuscript only. | o the author's relationshi | os/activities/interests as they relate to the current |
| to th med In ite | ne epidemiology of hypertentication, even if that medication | nsion, you should declare tion is not mentioned in t port for the work reported | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items, |
| | | 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 initia | al planning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |

Time frame: past 36 months

None

None

None

processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

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

| Dr. Ren has nothing to disclose. | | |
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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.

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| | | 10.1132 2.1302 | |
|---------------------|---|--|--|
| Date | e: 2024/1/9 | | |
| | r Name: Wenjie Lu | | |
| | | | d Edema and Patellofemoral Osteoarthritis: A Quantitative |
| | on-Based MRI Analysis | | |
| | • | QIMS-23-1730 | |
| In th | ne interest of transparency, | we ask you to disclose all | relationships/activities/interests listed below that are |
| | | | ns any relation with for-profit or not-for-profit third |
| part | ies whose interests may be | affected by the content of | the manuscript. Disclosure represents a commitment |
| to tr | ransparency and does not n | ecessarily indicate a bias. | If you are in doubt about whether to list a |
| rela | tionship/activity/interest, i | t is preferable that you do | so. |
| The to th med | ne epidemiology of hyperte lication, even if that medica | nsion, you should declare a stion is not mentioned in the port for the work reported | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this | (e.g., if payments were made to you or to your |
| | | relationship or indicate | institution) |
| | | none (add rows as needed) | |
| | | Time frame: Since the initia | I planning of the work |
| 1 | All support for the present | | |
| - | manuscript (e.g., funding, | | |
| 1 | All support for the present | None | I planning of the work |

Time frame: past 36 months

None

None

None

provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

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

| Dr. Lu has nothing to disclose. | | |
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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.

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| Date | e:2024/1/9 | | |
|------------------------|---|---|--|
| | r Name:Yongliang I | | |
| | - | etween Quadriceps Fat Pac | l Edema and Patellofemoral Osteoarthritis: A Quantitative |
| | n-Based MRI Analysis | | |
| Man | uscript number (if known): | QIMS-23-1730 | |
| relat part to tr | ted to the content of your r ies whose interests may be | nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. |
| | following questions apply t uscript only. | o the author's relationship | s/activities/interests as they relate to the current |
| to th | • - | nsion, you should declare a | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript. |
| | em #1 below, report all sup time frame for disclosure is | • | in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this | (e.g., if payments were made to you or to your |
| | | relationship or indicate | institution) |
| | | none (add rows as | |
| | | needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | None | |

Time frame: past 36 months

None

None

None

manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

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| 6 | 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 | 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 | None | |
| | | | |

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

| Dr. Li has nothing to disclose. | | |
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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.

| Date: | _2023/12/07 |
|---------------|---|
| Your Name:_ | Jingyu Zhong |
| Manuscript Ti | itle:_ Association Between Quadriceps Fat Pad Edema and Patellofemoral Osteoarthritis: A Quantitative Q |
| Dixon-Based | MRI Analysis |
| Manuscript n | umber (if known): QIMS-23-1730 |
| | |

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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.

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

| 5 | Payment or honoraria for | None | | | |
|-----|---|---------|--|---|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | None | | _ | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | None | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| 10 | Advisory Board | Al aura | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | | |
| | committee or advocacy | | | _ | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
| | | | | | |
| | | | | | |
| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | None | | | |
| 13 | financial interests | None | | | |
| | Timaricial interests | | | _ | |
| | | | | | |
| | | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | |
| Г | Dr. Zhong has nothing to disclose. | | | | |
| " | Dr. Zhong has nothing to disclose. | | | | |

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.

| Date: | _2024/01/07 |
|----------------|---|
| Your Name: | _Weiwu Yao |
| Manuscript Tit | tle:_Association Between Quadriceps Fat Pad Edema and Patellofemoral Osteoarthritis: A Quantitative Q |
| Dixon-Based N | ΛRI Analysis |
| Manuscript nu | ımber (if known): QIMS-23-1730 |
| | |

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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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.

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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
| 1 | All support for the present | | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, | None | |
| | 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 | 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, | None | | |
|----|---|--------------------------------|------------|--|
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| 7 | Support for attending meetings and/or travel | None | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| 9 | Participation on a Data | None | | |
| 9 | Safety Monitoring Board or | None | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | None | | |
| | in other board, society, | | | |
| | committee or advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
| | | | | |
| | se summarize the above co | nflict of interest in the foll | owing box: | |
| D | Dr. Yao has nothing to disclose. | | | |

| Dr. Yao has nothing to disclose. | | |
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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.