Date: 18-05-2021 Your Name: Hugo Christaan van Heusden Manuscript Title: Masseter muscle parameters can function as an alternative for skeletal muscle mass assessments on cross-sectional imaging at lumbar or cervical vertebral levels 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 <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)	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.	None	
		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	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		

No conflicts of interests to report.

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.

Yhe

Date: 18-05-2021 Your Name: Najiba Chargi Manuscript Title: Masseter muscle parameters can function as an alternative for skeletal muscle mass assessments on cross-sectional imaging at lumbar or cervical vertebral levels 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 <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)	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	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
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		
	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		

No conflicts of interests to report.

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.

cross-sectional imaging at lumbar or cervical vertebral levels Manuscript number (if known): Manuscript Title: Masseter muscle parameters can function as an alternative for skeletal muscle mass assessments on Your Name: J.W. Dankbaar Date: 18-05-2021

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third relationship/activity/interest, it is preferable that you do so. to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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

medication, even if that medication is not mentioned in the manuscript. to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains

the time frame for disclosure is the past 36 months. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

4	ω		2							н					
Consulting fees	Royalties or licenses	in item #1 above).	Grants or contracts from		No time limit for this item.	processing charges, etc.)	medical writing, article	provision of study materials,	manuscript (e.g., funding,	All support for the present					
None	None		None	Time frame: past 36 months						None	Time frame: Since the initial planning of the work	needed)	relationship or indicate	whom you have this	Name all entities with
				36 months							I planning of the work		institution)	(e.g., if payments were made to you or to your	Specifications/Comments

None				None		None		None		None			None			None		None			None		
Payment or honoraria for	lectures, presentations,	speakers bureaus,	educational events	Payment for expert	testimony	Support for attending meetings and/or travel	5	Patents planned, issued or	pending	Participation on a Data	Safety Monitoring Board or	Advisory Board	Leadership or fiduciary role	in other board, society,	committee or advocacy group, paid or unpaid	Stock or stock options		Receipt of equipment,	materials, drugs, medical	writing, gifts or other services	Other financial or non-	financial interests	
۵				9		7		∞		6			10			11		12			1,	}	

No conflicts of interests to report.

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.

Utrecht, May 19th 2021

J.W. Dankbaar



Date: 18-05-2021 Your Name: Ernst J. Smid Manuscript Title: Masseter muscle parameters can function as an alternative for skeletal muscle mass assessments on cross-sectional imaging at lumbar or cervical vertebral levels 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 <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)	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.	None	
		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	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		
12	services	Neve	
13	Other financial or non-	None	
	financial interests		

No conflicts of interests to report.

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.

Signature E.J. Smid:

Ξ
Ξ
ISCI
So

Your Name: Date: 18-05-2021 Ken

Manuscript Title: Masseter muscle parameters can function as an alternative for skeletal muscle mass assessments on Manuscript number (if known): cross-sectional imaging at lumbar or cervical vertebral levels 20 Gree

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are relationship/activity/interest, it is preferable that you do so.

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

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains medication, even if that medication is not mentioned in the manuscript.

the time frame for disclosure is the past 36 months. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

1All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)NoneImage: Consulting of the present2Grants or contracts from any entity (if not indicated in item #1 above).NoneImage: Consulting fees4Consulting feesNoneImage: Consulting fees			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)
provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.NoneGrants or contracts from any entity (if not indicated in item #1 above).NoneRoyalties or licensesNoneConsulting feesNone	4	All support for the present manuscript (e.g., funding,	Time frame: Since the initial planning of the work None	al planning of the wo
wo time limit for this item. Second		manuscript (e.g., funding, provision of study materials, medical writing, article		
Grants or contracts from any entity (if not indicated in item #1 above).NoneRoyalties or licensesNoneConsulting feesNone		processing charges, etc.) No time limit for this item.		
Grants or contracts from any entity (if not indicated in item #1 above).NoneRoyalties or licensesNoneConsulting feesNone				
Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses Consulting fees			Time frame: pas	t 36 months
any entity (if not indicated in item #1 above). Royalties or licenses Consulting fees	2	Grants or contracts from	None	
Royalties or licenses Consulting fees		any entity (if not indicated in item #1 above).		
Consulting fees	ω	Royalties or licenses	None	
	4	Consulting fees	None	

13	, t	11	10	y y	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7	6	υ
Other financial or non- financial interests	materials, drugs, medical writing, gifts or other services	Stock or stock options	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Participation on a Data Safety Monitoring Board or Advisory Board	Patents planned, issued or pending	Support for attending meetings and/or travel	Payment for expert testimony	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events
None		r. None	None	None	None	None	None	None

No conflicts of interests to report.

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.

12/2/11 North