| Date                     | e:14/5/2021  |   |  |
|--------------------------|--|---|--|
|                          | Name:XIAO Haonan_  |   |  |
| Man                      | uscript Title: A Review                                    | of Deep Learning-Based Th   | nree-dimensional Medical Image Registration Methods_   |
| Man                      | uscript number (if known):                                 | QIMS-21-175   |  |
|                          |  |   |  |
| relat<br>parti<br>to tra | ed to the content of your nies whose interests may be      | nanuscript. "Related" mea<br>affected by the content o<br>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 t<br>uscript only.               | o the author's relationship   | os/activities/interests as they relate to the <u>current</u>   |
| to th                    |  | nsion, you should declare   | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  |
|                          | em #1 below, report all sup<br>ime frame for disclosure is |   | d 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)   | I planning of the coople   |
| 1                        | All support for the present                                | Time frame: Since the initia  | il planning of the work  |
| 1                        | All support for the present manuscript (e.g., funding,     | <b>X</b> None   |  |
|                          | provision of study materials,                              |   |  |
|                          | medical writing, article                                   |   |  |
|                          | processing charges, etc.)                                  |   |  |
|                          | No time limit for this item.                               |   |  |
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|                          | _  | Time frame: past  | t 36 months  |
| 2                        | Grants or contracts from any entity (if not indicated      | <b>X</b> None   |  |
|                          | in item #1 above).   |   |  |
| 3                        | Royalties or licenses                                      | V None  |  |
| 3                        | Moyalties of ficelises                                     | <b>X</b> None   |  |
|                          |  |   |  |
| 4                        | Consulting fees  | <b>X</b> None   |  |

| 5    | Payment or honoraria for                           | <b>X</b> None                |             |   |
|------|--|------------------------------|-------------|---|
|      | lectures, presentations,                           |                              |             |   |
|      | speakers bureaus,                                  |                              |             |   |
|      | manuscript writing or educational events           |                              |             |   |
| 6    | Payment for expert                                 | X None                       |             | _ |
|      | testimony  | XNone                        |             | _ |
|      | ,  |                              |             | _ |
| 7    | Support for attending meetings and/or travel       | <b>X</b> None                |             |   |
|      |  |                              |             |   |
|      |  |                              |             |   |
| 8    | Patents planned, issued or                         | <b>X</b> None                |             |   |
|      | pending  |                              |             |   |
| _    |  |                              |             | _ |
| 9    | Participation on a Data Safety Monitoring Board or | <b>X</b> None                |             |   |
|      | Advisory Board                                     |                              |             |   |
| 10   | Leadership or fiduciary role                       | X None                       |             | _ |
| 10   | in other board, society,                           | XNone                        |             | _ |
|      | committee or advocacy                              |                              |             | - |
|      | group, paid or unpaid                              |                              |             |   |
| 11   | Stock or stock options                             | <b>X</b> None                |             |   |
|      |  |                              |             |   |
| 12   | Descint of a major and                             | <b>Y</b>                     |             |   |
| 12   | Receipt of equipment, materials, drugs, medical    | <b>X</b> None                |             | _ |
|      | writing, gifts or other                            |                              |             |   |
|      | services   |                              |             |   |
| 13   | Other financial or non-                            | <b>X</b> None                |             |   |
|      | financial interests                                |                              |             |   |
|      |  |                              |             |   |
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| ъ.   |  |                              |             |   |
| Plea | ase summarize the above co                         | ntlict of interest in the fo | iowing box: |   |
| 1    | have nothing to declare.                           |                              |             |   |
| '    | have nothing to decidie.                           |                              |             |   |

| I have nothing to declare. |  |  |
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| Date                          | e:14/5/2021   |   |   |
|-------------------------------|---|---|---|
| You                           | r Name:TENG Xinzhi  |   |   |
|                               |   |   | ree-dimensional Medical Image Registration Methods_   |
| Mar                           | nuscript number (if known):   | QIMS-21-175   |   |
|                               |   |   |   |
| rela<br>part<br>to ti<br>rela | ted to the content of your n<br>ies whose interests may be<br>ransparency and does not n<br>tionship/activity/interest, it  | nanuscript. "Related" mea<br>affected by the content of<br>ecessarily indicate a bias.<br>is preferable that you do | relationships/activities/interests listed below that are ns 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. |
| <u>mar</u>                    | nuscript only.  |   |   |
| to the med                    | he epidemiology of hyperte<br>lication, even if that medica   | nsion, you should declare a<br>tion is not mentioned in the<br>port for the work reported                           | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  I in this manuscript without time limit. For all other items,                      |
|                               |   | Name all entities with  | Specifications/Comments   |
|                               |   | whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)                                      | (e.g., if payments were made to you or to your institution)   |
|                               |   | Time frame: Since the initia  | l 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. | XNone   |   |
|                               |   | Time frame: past  | 36 months   |
| 2                             | Grants or contracts from any entity (if not indicated in item #1 above).  | <b>X</b> None   |   |
| 3                             | Royalties or licenses   | <b>X</b> None   |   |
| 4                             | Consulting fees   | <b>X</b> None   |   |

| 5    | Payment or honoraria for                           | <b>X</b> None                |             |   |
|------|--|------------------------------|-------------|---|
|      | lectures, presentations,                           |                              |             |   |
|      | speakers bureaus,                                  |                              |             |   |
|      | manuscript writing or educational events           |                              |             |   |
| 6    | Payment for expert                                 | X None                       |             | _ |
|      | testimony  | XNone                        |             | _ |
|      | ,  |                              |             | _ |
| 7    | Support for attending meetings and/or travel       | <b>X</b> None                |             |   |
|      |  |                              |             |   |
|      |  |                              |             |   |
| 8    | Patents planned, issued or                         | <b>X</b> None                |             |   |
|      | pending  |                              |             |   |
| _    |  |                              |             | _ |
| 9    | Participation on a Data Safety Monitoring Board or | <b>X</b> None                |             |   |
|      | Advisory Board                                     |                              |             |   |
| 10   | Leadership or fiduciary role                       | X None                       |             | _ |
| 10   | in other board, society,                           | XNone                        |             | _ |
|      | committee or advocacy                              |                              |             | - |
|      | group, paid or unpaid                              |                              |             |   |
| 11   | Stock or stock options                             | <b>X</b> None                |             |   |
|      |  |                              |             |   |
| 12   | Descint of a major and                             | <b>Y</b>                     |             |   |
| 12   | Receipt of equipment, materials, drugs, medical    | <b>X</b> None                |             | _ |
|      | writing, gifts or other                            |                              |             |   |
|      | services   |                              |             |   |
| 13   | Other financial or non-                            | <b>X</b> None                |             |   |
|      | financial interests                                |                              |             |   |
|      |  |                              |             |   |
|      |  |                              |             |   |
| ъ.   |  |                              |             |   |
| Plea | ase summarize the above co                         | ntlict of interest in the fo | iowing box: |   |
| 1    | have nothing to declare.                           |                              |             |   |
| '    | have nothing to decidie.                           |                              |             |   |

| I have nothing to declare. |  |  |
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| Dat  | e:14/5/2021  |                              |   |
|------|--|------------------------------|---|
|      | r Name:LIU Chenyang_                                     |                              |   |
|      |  | _                            | ree-dimensional Medical Image Registration Methods_           |
| Maı  | nuscript number (if known):                              | QIMS-21-175                  |   |
|      |  |                              |   |
|      |  |                              | relationships/activities/interests listed below that are      |
|      |  |                              | ns any relation with for-profit or not-for-profit third       |
| -    | -  | ="                           | the manuscript. Disclosure represents a commitment            |
|      | •  | •                            | If you are in doubt about whether to list a                   |
| reia | tionship/activity/interest, it                           | t is preferable that you do  | so.   |
| The  | following questions apply t                              | o the author's relationship  | s/activities/interests as they relate to the current          |
| mar  | nuscript only.   |                              |   |
|      |  |                              |   |
|      | -  | _                            | lefined broadly. For example, if your manuscript pertains     |
|      |  | · -                          | all relationships with manufacturers of antihypertensive      |
| med  | dication, even if that medica                            | ition is not mentioned in th | ne manuscript.  |
|      | #4.1.1 H   |                              |   |
|      |  | =                            | l in this manuscript without time limit. For all other items, |
| the  | time frame for disclosure is                             | the past 36 months.          |   |
|      |  |                              |   |
|      |  | 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 | l planning of the work  |
| 1    | All support for the present                              | <b>X</b> None                |   |
|      | manuscript (e.g., funding, provision of study materials, |                              |   |
|      | medical writing, article                                 |                              |   |
|      | processing charges, etc.)                                |                              |   |
|      | No time limit for this item.                             |                              |   |
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|      |  |                              |   |
|      |  | Time frame: past             | 36 months   |
| 2    | Grants or contracts from                                 | <b>X</b> None                |   |
|      | any entity (if not indicated                             |                              |   |
|      | in item #1 above).                                       |                              |   |
| 3    | Royalties or licenses                                    | <b>X</b> None                |   |
|      |  |                              |   |
|      |  |                              |   |
| 4    | Consulting fees  | <b>X</b> None                |   |

**X** \_\_None

| 5    | Payment or honoraria for                           | <b>X</b> None                |             |   |
|------|--|------------------------------|-------------|---|
|      | lectures, presentations,                           |                              |             |   |
|      | speakers bureaus,                                  |                              |             |   |
|      | manuscript writing or educational events           |                              |             |   |
| 6    | Payment for expert                                 | X None                       |             | _ |
|      | testimony  | XNone                        |             | _ |
|      | ,  |                              |             | _ |
| 7    | Support for attending meetings and/or travel       | <b>X</b> None                |             |   |
|      |  |                              |             |   |
|      |  |                              |             |   |
| 8    | Patents planned, issued or                         | <b>X</b> None                |             |   |
|      | pending  |                              |             |   |
| _    |  |                              |             | _ |
| 9    | Participation on a Data Safety Monitoring Board or | <b>X</b> None                |             |   |
|      | Advisory Board                                     |                              |             |   |
| 10   | Leadership or fiduciary role                       | X None                       |             | _ |
| 10   | in other board, society,                           | XNone                        |             | _ |
|      | committee or advocacy                              |                              |             | - |
|      | group, paid or unpaid                              |                              |             |   |
| 11   | Stock or stock options                             | <b>X</b> None                |             |   |
|      |  |                              |             |   |
| 12   | Descint of a major and                             | <b>Y</b>                     |             |   |
| 12   | Receipt of equipment, materials, drugs, medical    | <b>X</b> None                |             | _ |
|      | writing, gifts or other                            |                              |             |   |
|      | services   |                              |             |   |
| 13   | Other financial or non-                            | <b>X</b> None                |             |   |
|      | financial interests                                |                              |             |   |
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| Plea | ase summarize the above co                         | ntlict of interest in the fo | iowing box: |   |
| 1    | have nothing to declare.                           |                              |             |   |
| '    | have nothing to decidie.                           |                              |             |   |

| I have nothing to declare. |  |  |
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| Date                   | e:14/5/2021   |   |  |
|------------------------|---|---|--|
| Your                   | r Name:LI Tian  |   |  |
| Man                    | uscript Title: A Review o                                   | of Deep Learning-Based Th   | ree-dimensional Medical Image Registration Methods_  |
| Man                    | uscript number (if known):                                  | QIMS-21-175   |  |
|                        |   |   |  |
| relat<br>part<br>to tr | ted to the content of your n<br>ies whose interests may be  | nanuscript. "Related" mear<br>affected by the content of<br>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 if you are in doubt about whether to list a so. |
|                        | following questions apply touscript only.                   | o the author's relationship   | s/activities/interests as they relate to the <u>current</u>  |
| 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<br>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                                 | <b>X</b> 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                                    | X None  | - months   |
| -                      | any entity (if not indicated                                |   |  |
|                        | in item #1 above).  |   |  |
| 3                      | Royalties or licenses                                       | <b>X</b> None   |  |
|                        | ·   |   |  |
|                        |   |   |  |
| 1                      | Consulting fees   | Y None  |  |

| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert | XNone X None                   |            |   |
|-----|--|--------------------------------|------------|---|
|     | testimony  | XNone                          |            | _ |
| 7   | Support for attending meetings and/or travel   | XNone                          |            |   |
| 8   | Patents planned, issued or pending   | XNone                          |            | _ |
| 9   | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board  | XNone                          |            |   |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                | XNone                          |            | _ |
| 11  | Stock or stock options   | XNone                          |            |   |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services  | XNone                          |            |   |
| 13  | Other financial or non-<br>financial interests   | XNone                          |            |   |
|     | ase summarize the above co   | nflict of interest in the foll | owing box: |   |
| 1 ' | nave nothing to deciale.   |                                |            |   |

| Date                    | e:14/5/2021  |   |   |
|-------------------------|--|---|---|
| Your                    | r Name:REN Ge  |   |   |
| Man                     | uscript Title: A Review  | of Deep Learning-Based Th   | ree-dimensional Medical Image Registration Methods_   |
| Man                     | uscript number (if known):   | QIMS-21-175   |   |
|                         |  |   |   |
| relate parte to trelate | ted to the content of your n<br>ies whose interests may be<br>ansparency and does not n<br>tionship/activity/interest, it<br>following questions apply t | nanuscript. "Related" mea<br>affected by the content of<br>ecessarily indicate a bias.<br>t is preferable that you do | relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| <u>man</u>              | uscript only.  |   |   |
| to th                   |  | nsion, you should declare   | 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,   |
| the 1                   | time frame for disclosure is   | the past 36 months.   |   |
|                         |  |   |   |
|                         |  | 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  | l 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  | t 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  |   |

| 5   | Payment or honoraria for                          | XNone                        |              |
|-----|---|------------------------------|--------------|
|     | lectures, presentations,                          |                              |              |
|     | speakers bureaus,                                 |                              |              |
|     | manuscript writing or educational events          |                              |              |
| 6   | Payment for expert                                | X None                       |              |
| "   | testimony   | XNone                        |              |
|     | ,   |                              |              |
| 7   | Support for attending                             | XNone                        |              |
|     | meetings and/or travel                            |                              |              |
|     |   |                              |              |
|     |   |                              |              |
| 8   | Patents planned, issued or                        | XNone                        |              |
|     | pending   |                              |              |
|     |   |                              |              |
| 9   | Participation on a Data                           | XNone                        |              |
|     | Safety Monitoring Board or Advisory Board         |                              |              |
| 10  | Leadership or fiduciary role                      | X None                       |              |
| 10  | in other board, society,                          | XNone                        |              |
|     | 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-                           | X None                       |              |
|     | financial interests                               |                              |              |
|     |   |                              |              |
|     | ase summarize the above co                        | nflict of interest in the fo | llowing box: |
| 1 . |   |                              |              |

| Date                   | e:14/5/2021   |  |   |
|------------------------|---|--|---|
|                        | r Name:YANG Ruijie  |  |   |
|                        |   |  | ree-dimensional Medical Image Registration Methods_   |
| Man                    | uscript number (if known):                                  | QIMS-21-175  | <del>-</del>  |
|                        |   |  |   |
| relat<br>part<br>to tr | ted to the content of your r<br>ies whose interests may be  | nanuscript. "Related" mea<br>affected by the content of<br>ecessarily indicate a bias. | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
|                        | following questions apply t<br>uscript only.                | o the author's relationship  | s/activities/interests as they relate to the <u>current</u>   |
| to th                  | -   | nsion, you should declare  | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.   |
|                        | em #1 below, report all sup<br>time frame for disclosure is |  | l 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   | l 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.     |  |   |
|                        | No time innit for this item.                                |  |   |
|                        |   |  |   |
|                        |   | Time frame: past   | 36 months   |
| 2                      | Grants or contracts from                                    | X None   | . So months   |
| _                      | any entity (if not indicated                                |  |   |
|                        | in item #1 above).  |  |   |
| 3                      | Royalties or licenses                                       | X None   |   |
| 3                      | noyanics of needises  |  |   |
|                        |   |  |   |
| 4                      | Consulting fees   | X None   |   |

| 5    | Payment or honoraria for                              | XNone                          |             |
|------|---|--------------------------------|-------------|
|      | lectures, presentations,                              |                                |             |
|      | speakers bureaus,<br>manuscript writing or            |                                |             |
|      | educational events                                    |                                |             |
| 6    | Payment for expert                                    | XNone                          |             |
|      | testimony   |                                |             |
| _    |   |                                |             |
| 7    | Support for attending meetings and/or travel          | XNone                          |             |
|      |   |                                |             |
|      |   |                                |             |
| 8    | Patents planned, issued or                            | XNone                          |             |
|      | pending   |                                |             |
|      |   |                                |             |
| 9    | Participation on a Data<br>Safety Monitoring Board or | XNone                          |             |
|      | 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   |   | V N                            |             |
| 12   | Receipt of equipment, materials, drugs, medical       | XNone                          |             |
|      | writing, gifts or other                               |                                |             |
|      | services  |                                |             |
| 13   | Other financial or non-                               | XNone                          |             |
|      | financial interests                                   |                                |             |
|      |   |                                |             |
|      |   |                                |             |
| Dlos | se summarize the above co                             | nflict of interest in the fall | owing hove  |
| ried | ise summanize the above co                            | innet of interest in the follo | JMIIIE DOY. |

| I have nothing to declare. |  |  |
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| Date                            | e:14/5/2021  |   |   |
|---------------------------------|--|---|---|
| You                             | r Name:SHEN Dinggang   | 5   |   |
| Man                             | nuscript Title: A Review   | of Deep Learning-Based Th   | ree-dimensional Medical Image Registration Methods_   |
| Man                             | nuscript number (if known):  | QIMS-21-175   |   |
|                                 |  |   |   |
| relat<br>part<br>to tr<br>relat | ted to the content of your n<br>ies whose interests may be<br>ransparency and does not n<br>tionship/activity/interest, it | nanuscript. "Related" mea<br>affected by the content of<br>ecessarily indicate a bias.<br>t is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so. |
| man                             | uscript only.  |   |   |
| to the med                      | ne epidemiology of hyperte<br>lication, even if that medica  | nsion, you should declare a<br>tion is not mentioned in the<br>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   |
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|                                 |  | relationship or indicate  | institution)  |
|                                 |  | none (add rows as   | ,   |
|                                 |  | needed)   |   |
|                                 |  | Time frame: Since the initia  | planning of the work  |
| 1                               | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,                                 | XNone   |   |
|                                 | medical writing, article   |   |   |
|                                 | processing charges, etc.)  No time limit for this item.  |   |   |
|                                 | No time ininit for this item.  |   |   |
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|                                 |  | 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   |   |
| •                               | בטווטמונוווק וככט  | I^  | 1   |

| 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                           | 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                         |            |
|      |  |                               |            |
| 4.0  |  |                               |            |
| 12   | Receipt of equipment,                                | XNone                         |            |
|      | materials, drugs, medical<br>writing, gifts or other |                               |            |
|      | services   |                               |            |
| 13   | Other financial or non-                              | X None                        |            |
|      | financial interests                                  |                               |            |
|      |  |                               |            |
|      |  |                               |            |
|      |  |                               |            |
| Plea | se summarize the above co                            | nflict of interest in the fol | owing box: |
|      |  |                               |            |
|      |  |                               |            |

| I have nothing to declare. |  |  |
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|   | ICIVISE DISCEC  |   |
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| Date:14/5/2021  |   |   |
| Your Name:CAI Jing  |   |   |
| Manuscript Title: A Review of   | of Deep Learning-Based Thr  | ree-dimensional Medical Image Registration Methods_   |
| Manuscript number (if known):_  | QIMS-21-175   |   |
|   |   |   |
| related to the content of your m<br>parties whose interests may be    | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias. I | elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. |
| The following questions apply to manuscript only.                     | o the author's relationships  | s/activities/interests as they relate to the <u>current</u>   |
| -   | nsion, you should declare a   | efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.  |
| In item #1 below, report all supp<br>the time frame for disclosure is | •   | in this manuscript without time limit. For all other items  |
|   | Name all entities with  | Specifications/Comments   |
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|   |   | 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  _X_None   | planning of the work  |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | University Grants<br>Committee (UGC)<br>Food and Health Bureau<br>(FHB)                      | GRF 151021/18M, GRF 151022/19M  HMRF 06173276                                       |
| 3 | Royalties or licenses   | XNone  |   |
| 4 | Consulting fees   | XNone  |   |

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|----|--|-------|--|
|    |  |       |  |
|    |  |       |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone |  |
| 6  | Payment for expert testimony   | XNone |  |
| 7  | Support for attending meetings and/or travel   | XNone |  |
| 8  | Patents planned, issued or pending   | XNone |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                      | XNone |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | XNone |  |
| 11 | Stock or stock options   | XNone |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | XNone |  |
| 13 | Other financial or non-<br>financial interests   | XNone |  |
|    |  |       |  |

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

| This manuscript is supported by the following grants from Hong Kong: (a) GRF 151021/18M and GRF 151022/19M |
|--|
| from the University Grants Committee (UGC); (b) HMRF 06173276 from the Food and Health Bureau (FHB).       |

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