| Date:Aug. 6 th , 2021 | | |
|--------------------------------------|---------------------------|---|
| Your Name:Yeongu Chung | | |
| Manuscript Title: _ Hyperattenuation | ns on flat-panel compu | ted tomography after successful recanalization of |
| mechanical thrombectomy for anter | ior circulation occlusion | n |
| Manuscript number (if known): | QIMS-21-322 | |

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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | rime 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. | XNone | |
| | | 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 | |

| _ | | | |
|------|---|-----------------------------|---------------|
| 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 meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V N | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | · | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 12 | | V None | |
| 13 | Other financial or non- financial interests | XNone | |
| | manda micrests | | |
| | | | |
| Plea | ase summarize the above co | nflict of interest in the f | ollowing box: |
| N | lone. | | |

| Date:Aug. 6 th , 2021 | | |
|--------------------------------------|--------------------------|---|
| Your Name:Youngoh Bae | | |
| Manuscript Title: _ Hyperattenuatior | ns on flat-panel compu | ted tomography after successful recanalization of |
| mechanical thrombectomy for anteri | ior circulation occlusio | n |
| Manuscript number (if known): | QIMS-21-322 | |

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

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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) |
|---|---|--|---|
| | | 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. | XNone | |
| | | 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 | |

| 5 | Payment or honoraria for | X None | |
|------|---|------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| 6 | educational events Payment for expert | X None | |
| | testimony | XNone | |
| | · | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | 5 | | |
| 9 | Participation on a Data 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 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Plea | ase summarize the above co | nflict of interest in the fo | llowing box: |
| | | | |

| None. | | | |
|-------|--|--|--|
| | | | |

| Date:Aug. 6 th , 2021 | | |
|-------------------------------------|---------------------------|--|
| Your Name:Chang Eui Hong | | |
| Manuscript Title: _ Hyperattenuatio | ns on flat-panel compute | ed tomography after successful recanalization of |
| mechanical thrombectomy for anter | ior circulation occlusion | |
| Manuscript number (if known): | QIMS-21-322 | |

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>.

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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) |
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| | | 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. | XNone | |
| | | 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 | |

| 5 | Payment or honoraria for | X None | |
|------|---|------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| 6 | educational events Payment for expert | X None | |
| | testimony | XNone | |
| | · | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | 5 | | |
| 9 | Participation on a Data 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 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Plea | ase summarize the above co | nflict of interest in the fo | llowing box: |
| | | | |

| None. | | | |
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| Date:Aug. 6 th , 2021 | | |
|--------------------------------------|---------------------------|--|
| Your Name:Yu Sam Won | | |
| Manuscript Title: _ Hyperattenuation | ns on flat-panel comput | ed tomography after successful recanalization of |
| mechanical thrombectomy for anter | ior circulation occlusion | |
| Manuscript number (if known): | QIMS-21-322 | |

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.

| | | 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. | XNone | |
| | | 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 | |

| 5 | Payment or honoraria for | X None | | | |
|------|---|--------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events Payment for expert | X None | | | |
| | testimony | XNone | | | |
| | · | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
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| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | 5 | | | | |
| 9 | Participation on a Data 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 | Receipt of equipment, | X None | | | |
| 12 | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| None. | | | |
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| Date:Aug. 6 th , 2021 | | |
|--------------------------------------|-------------------------|---|
| Your Name:Jang-Hyun Baek | | |
| Manuscript Title: _ Hyperattenuatior | ns on flat-panel compu | ted tomography after successful recanalization of |
| mechanical thrombectomy for anteri | or circulation occlusio | n |
| Manuscript number (if known): | QIMS-21-322 | |

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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) |
|---|---|--|---|
| | | 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. | XNone | |
| | | 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 | |

| 5 | Payment or honoraria for | X None | | | |
|------|---|--------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events Payment for expert | X None | | | |
| | testimony | XNone | | | |
| | · | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
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| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | 5 | | | | |
| 9 | Participation on a Data 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 | Receipt of equipment, | X None | | | |
| 12 | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| None. | | | |
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| Date:Aug. 6 th , 2021 | | |
|--------------------------------------|-------------------------|---|
| Your Name:Pil-Wook Chung | | |
| Manuscript Title: _ Hyperattenuatior | ns on flat-panel compu | ted tomography after successful recanalization of |
| mechanical thrombectomy for anteri | or circulation occlusio | n |
| Manuscript number (if known): | QIMS-21-322 | |

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| | | 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) 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 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | | | |
|------|---|--------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events Payment for expert | X None | | | |
| | testimony | XNone | | | |
| | · | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| | 5 | | | | |
| 9 | Participation on a Data 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 | Receipt of equipment, | X None | | | |
| 12 | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| None. | | | |
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| Date:Aug. 6 th , 2021 | | |
|--------------------------------------|---------------------------|--|
| Your Name:Myung Sub Kim | | |
| Manuscript Title: _ Hyperattenuation | ns on flat-panel compute | ed tomography after successful recanalization of |
| mechanical thrombectomy for anterior | ior circulation occlusion | |
| Manuscript number (if known): | QIMS-21-322 | |

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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) |
|---|---|--|---|
| | | 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. | XNone | |
| | | 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 | |

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|------|---|-------------------------------|------------|--|
| 5 | Payment or honoraria for | X None | | |
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| 6 | educational events Payment for expert | X None | | |
| U | testimony | | | |
| | · | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data 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 | Descipt of actions out | V Name | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |
| Dies | an au marina tha ah ay a a | uflick of intervent in the fo | louing hou | |
| riea | Please summarize the above conflict of interest in the following box: | | | |

| None. | | | |
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| | | | |

| Date:Aug. 6 th , 2021 | | |
|--------------------------------------|---------------------------|---|
| Your Name:Myung Ho Rho | | |
| Manuscript Title: _ Hyperattenuation | ns on flat-panel compu | ted tomography after successful recanalization of |
| mechanical thrombectomy for anter | ior circulation occlusion | 1 |
| Manuscript number (if known): | QIMS-21-322 | |

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| | | 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. | XNone | |
| | | 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 | |

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|------|---|-------------------------------|------------|--|
| 5 | Payment or honoraria for | X None | | |
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| 6 | educational events Payment for expert | X None | | |
| U | testimony | | | |
| | · | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data 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 | Descipt of actions out | V Name | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Dies | an au marina tha ah ay a a | uflick of intervent in the fo | louing hou | |
| riea | Please summarize the above conflict of interest in the following box: | | | |

| None. | | | |
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