

# ICMJE DISCLOSURE FORM

Date: 18/03/2021  
 YourName: Baptiste DUBIEF  
 Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.  
 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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div>None</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>None</div> <div></div> <div></div>	
3	Royalties or licenses	<div>None</div> <div></div> <div></div>	
4	Consulting fees	<div>None</div> <div></div>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
6	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:**

None.

**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.

# ICMJE DISCLOSURE FORM

Date: 19/03/2021

Your Name: J.AVRIL

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): \_\_\_\_\_

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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:**

None.

**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.

## ICMJE DISCLOSURE FORM

**Date:** \_\_\_\_\_  
**Your Name:** Tristan Pascart  
**Manuscript Title:** Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.  
**Manuscript number (if known):** \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>Horizon Pharmaceuticals</div> <div></div> <div></div>	Payment to institution
3	Royalties or licenses	<div>None</div> <div></div> <div></div>	
4	Consulting fees	Novartis	Payment to me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ Novartis	Payment to me
6	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:**

TP received research grants from Horizon Pharmaceuticals and personal fees for consulting and lectures by Novartis

**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.

A handwritten signature in black ink, consisting of a large, stylized capital letter 'P' with a horizontal line extending to the right from its base.

# ICMJE DISCLOSURE FORM

Date: 19/03/2021

Your Name: M.SCHMITT

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): \_\_\_\_\_

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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:**

None.

**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.

# ICMJE DISCLOSURE FORM

Date: March 17, 2021  
 Your Name: Romarc Loffroy  
 Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.  
 Manuscript number (if known): \_\_\_\_\_

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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	____ YES	I serve as a Deputy Editor for QIMS

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

RL serve as deputy editor for QIMS.
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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.**

# ICMJE DISCLOSURE FORM

Date: 19 03 2021

YourName: MAILLEFERT Jean

Francis \_\_\_\_\_ Manuscript

Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): \_\_\_\_\_

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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:

<p>I have no conflict of interest to declare</p>
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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.

# ICMJE DISCLOSURE FORM

Date: 19/03/2021

Your Name: P.Ornetti

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: 19/03/2021

Your Name: A.RAMON

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): \_\_\_\_\_

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None
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