

# ICMJE DISCLOSURE FORM

Date: Sep.5<sup>th</sup>,2021

Your Name: Yinxia Zhao

Manuscript Title: Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence

Manuscript number (if known): QIMS-21-587-R1

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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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.)<br><b>No time limit for this item.</b> | <u> X </u> None  |   |
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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).   | <u> X </u> None  |   |
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|   |  |  |   |
| 3   | Royalties or licenses  | <u> X </u> None  |   |
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| 4   | Consulting fees  | <u> X </u> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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**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: \_\_Sep.5<sup>th</sup>,2021\_\_

Your Name: \_\_Tianyun Zhao\_\_

Manuscript Title: \_\_Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence\_\_

Manuscript number (if known): \_\_ QIMS-21-587-R1\_\_

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| 3   | Royalties or licenses  | <u>__ X __</u> None  |   |
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| 4   | Consulting fees  | <u>__ X __</u> None  |   |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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# ICMJE DISCLOSURE FORM

Date: Sep.5<sup>th</sup>,2021

Your Name: Shenglan Chen

Manuscript Title: Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence

Manuscript number (if known): QIMS-21-587-R1

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| 4   | Consulting fees  | <u> X </u> None  |   |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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# ICMJE DISCLOSURE FORM

Date: Sep.5<sup>th</sup>,2021

Your Name: Xintao Zhang

Manuscript Title: Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence

Manuscript number (if known): QIMS-21-587-R1

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| 4   | Consulting fees  | <u> X </u> None  |   |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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# ICMJE DISCLOSURE FORM

Date: \_\_Sep.5<sup>th</sup>,2021\_\_

Your Name: \_\_Mario Serrano Sosa\_\_

Manuscript Title: \_\_Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence\_\_

Manuscript number (if known): \_\_ QIMS-21-587-R1\_\_

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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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# ICMJE DISCLOSURE FORM

Date: Sep.5<sup>th</sup>,2021

Your Name: Jin Liu

Manuscript Title: Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence

Manuscript number (if known): QIMS-21-587-R1

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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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**Please summarize the above conflict of interest in the following box:**

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| None. |
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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: Sep.5<sup>th</sup>,2021

Your Name: Xianfu Mo

Manuscript Title: Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence

Manuscript number (if known): QIMS-21-587-R1

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.)<br><b>No time limit for this item.</b> | <u> X </u> None  |   |
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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).   | <u> X </u> None  |   |
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| 3   | Royalties or licenses  | <u> X </u> None  |   |
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| 4   | Consulting fees  | <u> X </u> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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**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: Sep.5<sup>th</sup>,2021

Your Name: Xiaojun Chen

Manuscript Title: Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence

Manuscript number (if known): QIMS-21-587-R1

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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| <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.)<br><b>No time limit for this item.</b> | <u> X </u> None  |   |
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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).   | <u> X </u> None  |   |
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| 3   | Royalties or licenses  | <u> X </u> None  |   |
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| 4   | Consulting fees  | <u> X </u> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <b>X</b> <input type="checkbox"/> None            |  |
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**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: \_\_Sep.5<sup>th</sup>,2021\_\_

Your Name: \_\_Mingqian Huang\_\_

Manuscript Title: \_\_Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence\_\_

Manuscript number (if known): \_\_ QIMS-21-587-R1\_\_

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.)<br><b>No time limit for this item.</b> | <u>__ X __</u> None  |   |
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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).   | <u>__ X __</u> None  |   |
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| 3   | Royalties or licenses  | <u>__ X __</u> None  |   |
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| 4   | Consulting fees  | <u>__ X __</u> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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**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: \_\_Sep.5<sup>th</sup>,2021\_\_

Your Name: \_\_Shaolin Li\_\_

Manuscript Title: \_\_Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence\_\_

Manuscript number (if known): \_\_ QIMS-21-587-R1\_\_

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.

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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.

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>__ X __</u> None  |   |
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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).   | <u>__ X __</u> None  |   |
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| 3   | Royalties or licenses  | <u>__ X __</u> None  |   |
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| 4   | Consulting fees  | <u>__ X __</u> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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**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: Sep.5<sup>th</sup>,2021

Your Name: Xiaodong Zhang

Manuscript Title: Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence

Manuscript number (if known): QIMS-21-587-R1

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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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u> X </u> None  |   |
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| 3   | Royalties or licenses  | <u> X </u> None  |   |
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| 4   | Consulting fees  | <u> X </u> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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**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: \_\_Sep.5<sup>th</sup>,2021\_\_

Your Name: \_\_Chuan Huang\_\_

Manuscript Title: \_\_Fully automated radiomic screening pipeline for osteoporosis and abnormal bone density with a deep learning-based segmentation using a short lumbar mDixon sequence\_\_

Manuscript number (if known): \_\_ QIMS-21-587-R1\_\_

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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| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>__ X __</u> None  |   |
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| 3   | Royalties or licenses  | <u>__ X __</u> None  |   |
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| 4   | Consulting fees  | <u>__ X __</u> None  |   |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> 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.