Date:		2/9/2022			
You	ır Name:	Akio Tamura	Akio Tamura		
Ma	nuscript Title:	Deep learning reconstruction allows low-dose imaging while maintaining image quality: Comparison of deep learning reconstruction and hybrid iterative reconstruction in contrast-enhanced abdominal CT	quality: Comparison of deep learning reconstruction and hybrid iterative		
Ma	nuscript Number (if I	own): N/A			
con affe	tent of your manuscrected by the content of	ency, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily n doubt about whether to list a relationship/activity/interest, it is preferable that you do so.	ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily		
epio	demiology of hyperte	activities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if ationed in the manuscript.			
	em #1 below, report ne for disclosure is th	I support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.			
		lame all entities with whom you have this elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	re		
		Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials,	None  Click the tab key to add additional rows.			
	medical writing, article processing charges, etc.) No time limit for this item.				
	medical writing, article processing charges, etc.) No time limit for	Time frame: past 36 months			
2	medical writing, article processing charges, etc.) No time limit for				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Cor made to you or to	mments (e.g., if payments were your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			2/9/2022		
Your Name:			Eisuke Mukaida		
Manuscript Title:			Deep learning reconstruction allows low-dose imaging while maintaining image quality: Comparison of deep learning reconstruction and hybrid iterative reconstruction in contrast-enhanced abdominal CT		
Ma	nuscript Number (if I	known):	N/A		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ipt. "Rela of the ma e in doubt	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		nsion, you		acturers of antihypertensive medication, even if	
In item #1 below, report all support for the frame for disclosure is the past 36 months.				rithout time limit. For all other items, the time	
			l entities with whom you have this ship 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.,	⊠ No	one		
	funding, provision of study materials, medical writing,			Click the tab key to add additional rows.	
	article processing charges, etc.)  No time limit for				
	this item.				
			Time frame: past 36 month	ns	
2	Grants or contracts from	⊠ No	ne		
	any entity (if not indicated in item				
	#1 above).				
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Cor made to you or to	mments (e.g., if payments were your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			12/17/2021		
Your Name:			Yoshitaka Ota		
Mai	nuscript Title:		Deep learning reconstruction allows low-dose imaging while maintaining image quality: Comparison of deep learning reconstruction and hybrid iterative reconstruction in contrast-enhanced abdominal CT		
Maı	nuscript Number (if k	(nown):	N/A		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activities.		ipt. "Rel of the ma e in doub os/activiti nsion, yo	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For each of the u should declare all relationships with manufactors.	/interest, it is preferable that you do so.	
In item #1 below, report all support frame for disclosure is the past 36				ithout time limit. For all other items, the time	
			Il entities with whom you have this ship 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.	⊠ N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from	⊠ No	one		
	any entity (if not indicated in item #1 above).				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Cor made to you or to	mments (e.g., if payments were your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			2/9/2022		
Your Name:			Iku Nakamura		
Manuscript Title:			Deep learning reconstruction allows low-dose imaging while maintaining image quality: Comparison of deep learning reconstruction and hybrid iterative reconstruction in contrast-enhanced abdominal CT		
Mar	nuscript Number (if I	known):	N/A		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the man e in doubt ps/activition ension, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			I entities with whom you have this ship 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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne		
3	Royalties or licenses	⊠ Ne	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Cor made to you or to	mments (e.g., if payments were your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	Dec. 17, 2021		
Your Name:	_Kazumasa Arakita		
Manuscript Title:	Deep learning reconstruction allows low-dose imaging while maintaining image quality:		
Comparison of deep	learning reconstruction and hybrid iterative reconstruction in contrast-enhanced abdominal CT		
Manuscript number (if known):			

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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>.

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.

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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.	_X_None	
2	Grants or contracts from	Time frame: past	36 HOHUIS
	any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

	T		T	
5	Payment or honoraria for	_X_None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_X_None		
	testimony			
7	Support for attending meetings and/or travel	_X_None		
8	Patents planned, issued or	_X_None		
	pending			
9	Participation on a Data	_X_None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_X_None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_X_None		
12	Receipt of equipment,	_X_None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None	Kazumasa Arakita is an Engineer of Healthcare IT for	
	financial interests		CANON MEDICAL SYSTEMS CORPORATION.	
	Disease summering the chaus conflict of interest in the following how			

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

Kazumasa Arakita is an engineer of Healthcare IT for CANON MEDICAL SYSTEMS CORPORATION.		

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.

Date:	12/17/2021
Your Name:	Kunihiro Yoshioka
Manuscript Title:	Deep learning reconstruction allows low-dose imaging while maintaining image quality: Comparison of deep learning reconstruction and hybrid iterative reconstruction in contrast-enhanced abdominal CT
Manuscript Number (if known):	Click or tap here to enter text.

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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		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Grants from Canon Medical Systems	Payments were made to our institution
3	Royalties or licenses	None     ■	

			ications/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None None	
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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			