Da	te:Dec.12 <sup>th</sup> , 20	21				
	ur Name:Mingzhu Fu					
Ma	nuscript Title:_ Pixel-leve	l correlation between spati	al distribution of aneurysmal wall enhancement and			
	modynamics					
Ma	nuscript number (if know	/n):				
rel par to rel	ated to the content of you rties whose interests may transparency and does no ationship/activity/interes	or manuscript. "Related" me be affected by the content t necessarily indicate a bias t, it is preferable that you d	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.  hips/activities/interests as they relate to the current			
The to me	e author's relationships/a the epidemiology of hype edication, even if that med	rtension, you should declar lication is not mentioned in support for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  The manuscript without time limit. For all other items,			
		Name all autities with	Specifications/Comments			
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		needed) Time frame: Since the initi	al planning of the work			
1	All according to the constant	1	al planning of the work			
L	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				
		<b>-</b> :				
2	Crants or contracts from	Time frame: pas	st 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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	None	
	testimony		
7	Support for attending	V None	
,	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	XNone	
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	V N	
13	financial interests	<b>X</b> None	
	iniancial interests		
	Pase summarize the above of I have no conflict of interest to		lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Dat	e:De	ec.12 <sup>th</sup> , 2021 <sub>.</sub>		
Ma	nuscript Title:_	Pixel-level c	orrelation between spat	ial distribution of aneurysmal wall enhancement and
Ma	nuscript numbe	er (if known)	:	<del>-</del>
rela par to t rela	ited to the cont ties whose inte ransparency an itionship/activi	tent of your incrests may be not does not rety/interest, i	manuscript. "Related" me affected by the content necessarily indicate a biasit is preferable that you c	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.  hips/activities/interests as they relate to the current
	nuscript only.	stions apply	to the author's relations	inps/activities/interests as they relate to the <u>current</u>
to t med	he epidemiolog dication, even i tem #1 below, r	gy of hyperte If that medic report all sup	ension, you should declar ation is not mentioned in	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.  The ted in this manuscript without time limit. For all other items
			Name all entities with	Specifications/Comments
			whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
			needed)	
			Time frame: Since the init	ial planning of the work
	All support for the manuscript (e.g., provision of stud medical writing, processing charge No time limit for the manuscript of the manuscript (e.g., provision of students).	, funding, ly materials, article ges, etc.)	XNone	
			Time frame: pa	st 36 months
:	Grants or contra any entity (if not in item #1 above	indicated	XNone	
	Royalties or licer	ıses	<b>X</b> None	
	Consulting fees		<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	None	
	testimony		
7	Support for attending	<b>X</b> None	
,	meetings and/or travel		
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	<b>X</b> None	
	in other board, society,	_ <del></del>	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	V Name	
11	Stock of Stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	<b>X</b> None	
10	financial interests	XNone	
	ase summarize the above conflict of interest to		lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Dat	e:Dec.12", 2021		
	ır Name:Miaoqi Z		
Ma	nuscript Title:_ Pixel-level o	correlation between spatia	l distribution of aneurysmal wall enhancement and
hen	nodynamics		
Ma	nuscript number (if known)	:	
rela par to t	ited to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to t med	he epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  Ed in this manuscript without time limit. For all other items
		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 initia	I planning of the work
	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	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
	Royalties or licenses	<b>X</b> None	
	o lii t		
	Consulting fees	<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	None	
	testimony		
7	Support for attending	<b>X</b> None	
,	meetings and/or travel		
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	<b>X</b> None	
	in other board, society,	_ <del></del>	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	V Name	
11	Stock of Stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	<b>X</b> None	
10	financial interests	XNone	
	ase summarize the above conflict of interest to		lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Da	te:Dec.12 <sup>th</sup> ,	, 2021					
		me:Shuo Chen					
Ma	nuscript Title:_ Pixel-l	evel correlation betwe	en spatial distri	bution of aneurysmal wall enhancement and			
	modynamics						
Ma	nuscript number (if kn	nown):					
relator	ated to the content of rties whose interests n transparency and does ationship/activity/inte	your manuscript. "Relation of the last substitution of the last substit	ated" means an content of the r te a bias. If you at you do so.	onships/activities/interests listed below that are y relation with for-profit or not-for-profit third manuscript. Disclosure represents a commitment a are in doubt about whether to list a divities/interests as they relate to the current			
to t	the epidemiology of hy dication, even if that r	ypertension, you shoul medication is not ment	d declare all rel ioned in the ma	ed broadly. For example, if your manuscript pertains ationships with manufacturers of antihypertensive anuscript.  It is manuscript without time limit. For all other items			
		sure is the past 36 mon	•				
		Name all entities whom you have t relationship or in none (add rows a needed)	his (e.g., dicate instit	ifications/Comments . if payments were made to you or to your tution)			
		Time frame: Since	the initial plann	ing of the work			
1	All support for the prese manuscript (e.g., fundin provision of study mater medical writing, article processing charges, etc. <b>No time limit for this ite</b>	rials,					
		Time fr	ame: past 36 mo	nths			
2	Grants or contracts from any entity (if not indicatin item #1 above).	n <b>X</b> None					
3	Royalties or licenses	XNone					
1	Consulting fees	<b>X</b> None					

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	None	
	testimony		
7	Support for attending	<b>X</b> None	
,	meetings and/or travel		
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	<b>X</b> None	
	in other board, society,	_ <del></del>	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	V Name	
11	Stock of Stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	<b>X</b> None	
10	financial interests	XNone	
	ase summarize the above conflict of interest to		lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Dat	te:Dec.12 <sup>th</sup> , 202	.1	
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Ma	nuscript Title:_ Pixel-leve	correlation between spatia	al distribution of aneurysmal wall enhancement and
	modynamics		
Ma	nuscript number (if know	n):	
rela par to t rela	ated to the content of you ties whose interests may transparency and does no ationship/activity/interest	r manuscript. "Related" me be affected by the content t necessarily indicate a bias t, it is preferable that you d	
	e following questions appl nuscript only.	y to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to t me In i	the epidemiology of hyper dication, even if that med	tension, you should declard ication is not mentioned in upport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items
		Nome all autities with	Conscilirations / Community
		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 initia	al planning of the work
L	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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
1	Consulting fees	<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	None	
	testimony		
7	Support for attending	<b>X</b> None	
,	meetings and/or travel		
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	<b>X</b> None	
	in other board, society,	_ <del></del>	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	V Name	
11	Stock of Stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	<b>X</b> None	
10	financial interests	XNone	
	ase summarize the above conflict of interest to		lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Da	te:Dec.12 <sup>th</sup> , 20	21	
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Ma	nuscript Title:_ Pixel-leve	el correlation between spati	al distribution of aneurysmal wall enhancement and
	modynamics		
Ma	nuscript number (if know	/n):	
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	nuscript only.	Ty to the author 3 relationsh	inps/ detivities/ interests as they relate to the <u>earrent</u>
to t	the epidemiology of hype dication, even if that med	rtension, you should declard dication is not mentioned in support for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	al planning of the work
L	All support for the present manuscript (e.g., funding, provision of study materials medical writing, article processing charges, etc.)	XNone	
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	<b>X</b> None	
ļ	Consulting fees	<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	None	
	testimony		
7	Support for attending	<b>X</b> None	
,	meetings and/or travel		
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	<b>X</b> None	
	in other board, society,	_ <del></del>	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	V Name	
11	Stock of Stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	<b>X</b> None	
10	financial interests	XNone	
	ase summarize the above conflict of interest to		lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Dat	:e:Dec.12 <sup>th</sup> , 2021		
Ma	nuscript Title:_ Pixel-level	correlation between spatia	al distribution of aneurysmal wall enhancement and
her	nodynamics		
Ma	nuscript number (if known	):	
relato	ated to the content of your ties whose interests may b cransparency and does not ationship/activity/interest, e following questions apply	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.  ips/activities/interests as they relate to the current
<u>ma</u>	nuscript only.		
to t me In i	the epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
L	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	
	6	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	<b>X</b> None	
1	Consulting fees	<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	None	
	testimony		
7	Support for attending	<b>X</b> None	
,	meetings and/or travel		
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	<b>X</b> None	
	in other board, society,	_ <del></del>	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	V Name	
11	Stock of Stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<b>X</b> None	
10	financial interests	XNone	
	ase summarize the above conflict of interest to		lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Date:	_Dec.12 <sup>th</sup> , 2021_	
Your Name:	Aihua Liu_	
Manuscript Tit	le:_ Pixel-level co	rrelation between spatial distribution of aneurysmal wall enhancement and
hemodynamics		
Manuscript nu	mber (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 <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.

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)  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,	X the Natural Science Foundation of China (No. 81771233)	Payment was made to my institution.
	medical writing, article processing charges, etc.)  No time limit for this item.	XBeijing Science and Technology Planning Project (Z181100009618035)	Payment was made to my institution.
		XBeijing Municipal Administration of Hospitals' Ascent Plan (DFL20190501)	Payment was made to my institution.
		XSpecific Research Projects for Capital Health Development(2018-2- 2041)	Payment was made to my institution.

		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated	XNone
	in item #1 above).	
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	None
	testimony	
7	Support for attending meetings and/or travel	<b>X</b> None
	g .	
8	Patents planned, issued or	XNone
	pending	
0	Double in a big of the control of th	
9	Participation on a Data Safety Monitoring Board or	XNone
	Advisory Board	
10	Leadership or fiduciary role	X None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid Stock or stock options	XNone
	Stock of Stock options	XNone
12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	XNone
	financial interests	

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

This study is supported by the Natural Science Foundation of China (No. 81771233), Beijing Science and Technology Planning Project (Z181100009618035), Beijing Municipal Administration of Hospitals' Ascent Plan (DFL20190501) and Specific Research Projects for Capital Health Development (2018-2-2041) which are paid to my institution.

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:	Dec.12 <sup>th</sup> , 2021	
Your Name:	Rui li_	
<b>Manuscript Tit</b>	le:_ Pixel-level c	orrelation between spatial distribution of aneurysmal wall enhancement and
hemodynamics	s	
Manuscript nu	mber (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 <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.

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)  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 the Natural Science Foundation of China (number 81971604)	Payment was made to my institution.
		Xthe Natural Science Foundation of Beijing (number L192013)	Payment was made to my institution.
		Xthe Natural Science Foundation of China (number 81901197)	Payment was made to my institution.
		Xthe Natural Science Foundation of Beijing, China (No. 7142032)	Payment was made to my institution.
		XResearch and Promotion Program of Appropriate Techniques for Intervention of Chinese High-risk Stroke People (GN-2020R0007)	Payment was made to my institution.

		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	XNone
	C III C	<b>.</b>
4	Consulting fees	XNone
5	Dayment or honoraria for	V. Neger
5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending	<b>X</b> None
	meetings and/or travel	
8	Patents planned, issued or	XNone
	pending	
	5 5 .	W
9	Participation on a Data	XNone
	Safety Monitoring Board or Advisory Board	
10		V. Neger
10	Leadership or fiduciary role in other board, society,	XNone
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
12	Receipt of equipment,	<b>X</b> None
	materials, drugs, medical	
	writing, gifts or other	
42	services	W
13	Other financial or non-	XNone
	financial interests	

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

This study is supported by the Natural Science Foundation of China (number 81971604), the Natural Science Foundation of Beijing (number L192013), the Natural Science Foundation of China (number 81901197), the Natural Science Foundation of Beijing, China (No. 7142032) and Research and Promotion Program of Appropriate Techniques for Intervention of Chinese High-risk Stroke People (GN-2020R0007) which are paid to my institution.

X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.				