

ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Ben-Heng Xiao

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	contributed to the development of Ofeye 1.0	

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

BHX contributed to the development of Ofeye 1.0.

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.

ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Michael S. Y. Zhu

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

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MYSZ contributed to the development of Ofeye 1.0.

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Er-Zhu Du

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Wei-Hong Liu

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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Date: May 23, 2022

Your Name: Jian-Bing Ma

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

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Date: May 23, 2022

Your Name: Hua Huang

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

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Date: May 23, 2022

Your Name: Jing-Shan Gong

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Date: May 23, 2022

Your Name: Davide Diacinti

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

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Your Name: Kun Zhang

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Date: May 23, 2022

Your Name: Heng Liu

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" 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:

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: May 23, 2022

Your Name: Ri-Feng Jiang

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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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3	Royalties or licenses	__X__ None	
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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Zhong-You Ji

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Xiao-Bao Xiong

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Lai-Chang He

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Lei Wu

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Chuan-Jun Xu

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Mei-Mei Du

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Xiao-Rong Wang

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Li-Mei Chen

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Kong-Yang Wu

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Liu Yang

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" 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:

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: May 23, 2022

Your Name: Mao-Sheng Xu

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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.

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Daniele Diacinti

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Qi Dou

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Timothy YC Kwok

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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ICMJE DISCLOSURE FORM

Date: May 23, 2022

Your Name: Yi Xiáng J. Wáng

Manuscript Title: A software program for automated compressive vertebral fracture detection on elderly women's lateral chest radiograph: Ofeye 1.0

Manuscript number (if known): QIMS-22-433

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	founder of Yingran Medicals Co., Ltd., which develops medical image-based diagnostics software	

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

YXJ Wang is the founder of Yingran Medicals Co., Ltd., which develops medical image-based diagnostics software.

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.