ICMJE DISCLOSURE FORM

Date:	7/04/2022
Your N	ame: Jessica Bugeja
Manus	cript Title: Automated volumetric and statistical shape assessment of cam-type morphology of
the	femoral head-neck region from clinical 3D magnetic resonance images
Manus	cript 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 <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.

		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)
	Ti	me frame: Since the initia	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	

3	Royalties or licenses	XNone
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and for travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	XNone
DI	aso summarizo the abo	vo conflict of interest in the following hav:

I have no conflicts of interest.		

_X | Certify that | have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/04/2022
Your Name: Ying Xia
Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of
the femoral head-neck region from clinical 3D magnetic resonance images
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 <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,

		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)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	XNone	

	oborgos oto)	
	charges, etc.)	
	No time limit for this	
	item.	
		Time frame: past 36 months
2	Grants or contracts from	XNone
	any entity (if not indicated	
	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	XNone
	testimony	
7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued	X_None
	or pending	
	'	
9	Participation on a Data	XNone
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	XNone
	role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	XNone
	'	
12	Receipt of equipment,	XNone
-	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	

I have no conflicts of interest.		

 $_X$ 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

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</u>

manuscript only.

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,

	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate	institution)

		none (add rows as needed)	
	T:	me frame: Since the initia	I 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.	NHMRC grant support Time frame: past	
2	Grants or contracts from	XNone	
~	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
3	Royalues of licerises	NOTIE	
1	Consulting fees	XNone	
4	Consulting lees	XNone	
5	Payment or honoraria for	X None	
5	lectures, presentations,	XNOTIE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
,	meetings and for travel		
		V N	
8	Patents planned, issued	XNone	
	or pending		
	Double in a block and a Doba	V Name	
9	Participation on a Data Safety Monitoring Board	XNone	
	or Advisory Board		
10	-	V None	
10	Leadership or fiduciary role in other board,	XNone	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
1 1	3 tock of stock options		
12	Receipt of equipment,	XNone	
' -	materials, drugs, medical		
	writing, gifts or other		
	I withing, girls of office		I .

	services		
13	Other financial or non-	XNone	
	financial interests		

NHMRC national funding grant. No obvious conflicts.

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: 5/04/2022
Your Name: Nicholas Murphy
Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology o
the femoral head-neck region from clinical 3D magnetic resonance images
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 <u>current</u>

manuscript only.

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,

	T	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)
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.	me frame: Since the initiaXNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X_None	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or	XNone	

	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

I have no conflicts of interest.		

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:	5/04/2022
Your	Name: Jillian Eyles
Manu	script Title: Automated volumetric and statistical shape assessment of cam-type morphology of
the	femoral head-neck region from clinical 3D magnetic resonance images
Manu	script 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 $\underline{\text{defined broadly}}$. 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,

		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)
		me frame: Since the initia	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	
	rteiii.		
2	Cronto ar contracto for	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	
	, and the second		
4	Consulting fees	XNone	
	-		
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
_	0 16	N/ N/	
7	Support for attending meetings and for travel	XNone	
Ω	Datonte plannod issued	Y Mono	

	or penaing		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Ρl	ease place an "X" next to	o the following stateme	nt to indicate your agreement:
	I certify that I have ans estions on this form.		nd have not altered the wording of any of the
		IC MJ	E DISCLOSURE FORM
Y c Ma th	our Name: Libby Spiers_ anuscript Title: Automate e femoral head-r	ed volumetric and statis	stical shape assessment of cam-type morphology of al 3D magnetic resonance images
ما			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

 $related \ to \ the \ content \ of \ your \ manuscript. \ "Related" \ means \ any \ relation \ with \ for-profit \ third$

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 <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,

		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)
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.	me frame: Since the initia _X_None Time frame, past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past XNone	30 1110111115
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	

1	Support for attending	XNone	
	meetings and/or travel		
	Patents planned, issued	XNone	
	or pending	NOTIE	
	1 5		
	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
1	Stock or stock options	XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
3	Other financial or non-	XNone	
	financial interests		
Ple	ease place an "X" next to I certify that I have ans estions on this	t. o the following statement to indicate your agreed wered every question and have not altered the v	
	form.	ICMJE DISCLOSURE FORM	1
_	F /0.4 /0.000		
	te: 5/04/2022		
ιU	ur Name: Stuart Crozier		

Manuscr	script Title: Automated volumetric and st	tatistical shape assessment of cam-type morphology of
the	femoral head-neck region from clir	nical 3D magnetic resonance images
Manuscr	script 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 <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,

			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)
		Ti	me frame: Since the initia	l 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.	NHMRC grant support	
			Time frame: past	36 months
	2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
	3	Royalties or licenses	XNone	
İ	4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
,	educational events	V N	
6	Payment for expert	X_None	
	testimony		
7	Support for attending	X None	
/	meetings and/or travel	XNOTIE	
	Incomings and/or traver		
8	Patents planned, issued	X None	
U	or pending	XNONE	
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	XNone	
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	X None	
' '	3 tock of stock options	XNONE	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
DI	ease summarize the abo	ve conflict of interest i	n the following hav:
1 1	case sammanze ine abu	ve commet of interest i	in the following box.
	NHMRC national funding grant. No obvious conflicts.		
	99		

_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: 5/04/2022
Your Name: David Hunter
Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology or
the femoral head-neck region from clinical 3D magnetic resonance images
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 <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.

Time frame: Since the initial 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.			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)
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this		Ti	me frame: Since the initia	l planning of the work
	1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	NHMRC grant support	

2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Pfizer, Lilly, TLCBio, Novartis, Tissuegene, Biobone	Provides consulting advice on scientific advisory boards
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

NHMRC national funding grant	No obvious conflicts.

_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

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 <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

		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)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	NHMRC grant support	
	present manuscript (e.g.,		

	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	30 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and for travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	S tock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

NHMRC national funding grant. No obvious conflicts.

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

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 <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,

	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)
	Ti	me frame: Since the initia	I planning of the work
1	All support for the	NHMRC grant support	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.) No time limit for this		
	iteiii.	Time from a read	
2	Grants or contracts from	Time frame: pastX_None	. 36 MONUS
4	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X_None	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and for travel	XNone	
		V N	
8	Patents planned, issued or pending	XNone	
	or pending		
9	Participation on a Data	X None	
, ´	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	XNone	

	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

NHMRC national funding grant. No obvious	s conflicts.

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.