| Date:June. 17 <sup>th</sup> | 2022   |    |
|-----------------------------|--|----|
| Your Name: Zhenl            | ui Dai   |    |
| Manuscript Title:           | Automatic prediction model for the online diaphragm motion tracking based on optical surface | ce |
| monitoring informati        | n through machine learning   |    |
| Manuscript number (         | known): OIMS-22-242  |    |

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.

|   |   | 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. | 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  |   |

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|    |  |        |  |
|    |  |        |  |
| 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/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | manda meereses                               |        |  |
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| Zhenhui Dai has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17 <sup>th</sup> , | 2022   |    |
|-------------------------------|--|----|
| Your Name: Qiang              | He   |    |
| Manuscript Title:             | Automatic prediction model for the online diaphragm motion tracking based on optical surface | ce |
| monitoring information        | n through machine learning   |    |
| Manuscript number (           | f known): OIMS-22-242  |    |

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.

|   |   | 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. | 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   | X None   |   |

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| 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/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | manda meereses                               |        |  |
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| Qiang He has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17 <sup>th</sup> | <u>, 2022</u>  |
|-----------------------------|--|
| Your Name: <u>Lin Z</u>     | <u>hu</u>  |
| Manuscript Title:           | _ Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring informati        | on through machine learning  |
| Manuscript number           | (if known): OIMS 22-242  |

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.

|   |   | 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. | 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  |   |

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|    |  |        |  |
|    |  |        |  |
| 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/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | manda meereses                               |        |  |
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| Lin Zhu has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17th      | 2022   |         |
|----------------------|--|---------|
| Your Name: Bailir    | Zhang  |         |
| Manuscript Title:    | Automatic prediction model for the online diaphragm motion tracking based on optical s | surface |
| monitoring informati | on through machine learning  |         |
| Manuscript number (  | f known): QIMS-22-242  |         |

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.

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

| Baili | n Zhang has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17th      | <u>2022</u>  |
|----------------------|--|
| Your Name: Huaiz     | ni Jin   |
| Manuscript Title:    | Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring informati | n through machine learning   |
| Manuscript number (  | f known): OIMS-22-242  |

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.

|   |   | 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   | 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. | 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                     | XNone  |  |
|----|--|--------|--|
|    | lectures, presentations,                     |        |  |
|    | speakers bureaus,                            |        |  |
|    | manuscript writing or                        |        |  |
|    | educational events                           |        |  |
| 6  | Payment for expert                           | XNone  |  |
|    | testimony                                    |        |  |
|    |  |        |  |
| 7  | Support for attending meetings and/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other                      |        |  |
|    | services                                     |        |  |
| 13 | Other financial or non-                      | XNone  |  |
|    | financial interests                          |        |  |
|    |  |        |  |
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| Huaizhi Jin has no conflicts of interest | o declare. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17 <sup>th</sup> , | <u>2022</u>  |
|-------------------------------|--|
| Your Name: Geng               | Yang   |
| Manuscript Title:             | Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring information        | on through machine learning  |
| Manuscript number (i          | f known): QIMS-22-242  |

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.

|   |   | 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   | 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. | 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  |   |

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|    |  |        |  |
| 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/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | manda meereses                               |        |  |
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| Geng Yang has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17th      | 2022   |
|----------------------|--|
| Your Name: Chun      | a Cai_   |
| Manuscript Title:    | Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring informati | n through machine learning   |
| Manuscript number (  | known): OIMS-22-242  |

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.

|   |   | 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. | 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  |   |

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|    |  |        |  |
| 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/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | manda meereses                               |        |  |
|    |  |        |  |
|    |  |        |  |

| Cł | hunya Cai has no conflicts of interest to declare. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17 <sup>th</sup> , 2 | 022  |
|---------------------------------|--|
| Your Name: Xiang T              | <u>an</u>  |
| Manuscript Title:               | Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring information          | through machine learning   |
| Manuscrint number (if           | known). OIMS-22-242  |

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.

|   |   | 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. | 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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

| 5  | Payment or honoraria for     | XNone  |  |
|----|------------------------------|--------|--|
|    | lectures, presentations,     |        |  |
|    | speakers bureaus,            |        |  |
|    | manuscript writing or        |        |  |
|    | educational events           | V Name |  |
| 6  | Payment for expert testimony | XNone  |  |
|    | testimony                    |        |  |
| 7  | Support for attending        | X None |  |
| /  | meetings and/or travel       | xnone  |  |
|    |                              |        |  |
|    |                              |        |  |
| 8  | Patents planned, issued or   | XNone  |  |
|    | pending                      |        |  |
|    |                              |        |  |
| 9  | Participation on a Data      | XNone  |  |
|    | Safety Monitoring Board or   |        |  |
|    | Advisory Board               |        |  |
| 10 | Leadership or fiduciary role | XNone  |  |
|    | in other board, society,     |        |  |
|    | committee or advocacy        |        |  |
|    | group, paid or unpaid        |        |  |
| 11 | Stock or stock options       | XNone  |  |
|    |                              |        |  |
|    |                              |        |  |
| 12 | Receipt of equipment,        | X_None |  |
|    | materials, drugs, medical    |        |  |
|    | writing, gifts or other      |        |  |
|    | services                     |        |  |
| 13 | Other financial or non-      | XNone  |  |
|    | financial interests          |        |  |
|    |                              |        |  |
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| Xiang Tan has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17      | <sup>th</sup> , 2022 |                        |                  |               |              |                    |
|--------------------|----------------------|------------------------|------------------|---------------|--------------|--------------------|
| Your Name:Wan      | wei Jian             |                        |                  |               |              |                    |
| Manuscript Title:  | Automatic p          | rediction model for th | ne online diaphr | agm motion to | acking based | on optical surface |
| monitoring informa | tion through m       | achine learning        |                  |               |              |                    |
| Manuscript number  | (if known):          | OIMS-22-242            |                  |               |              |                    |

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.

|   |   | 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. | 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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

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|    |  |        |  |
| 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/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | manda meereses                               |        |  |
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| Wanwei Jian has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17th, 2     | <u>2022</u>  |
|------------------------|--|
| Your Name: Yao Ch      | en   |
| Manuscript Title:      | Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring information | n through machine learning   |
| Manuscrint number (if  | known): OIMS-22-242  |

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.

|   |   | 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. | 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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

| 5  | Payment or honoraria for     | XNone  |  |
|----|------------------------------|--------|--|
|    | lectures, presentations,     |        |  |
|    | speakers bureaus,            |        |  |
|    | manuscript writing or        |        |  |
|    | educational events           | V Name |  |
| 6  | Payment for expert testimony | XNone  |  |
|    | testimony                    |        |  |
| 7  | Support for attending        | X None |  |
| /  | meetings and/or travel       | xnone  |  |
|    |                              |        |  |
|    |                              |        |  |
| 8  | Patents planned, issued or   | XNone  |  |
|    | pending                      |        |  |
|    |                              |        |  |
| 9  | Participation on a Data      | XNone  |  |
|    | Safety Monitoring Board or   |        |  |
|    | Advisory Board               |        |  |
| 10 | Leadership or fiduciary role | XNone  |  |
|    | in other board, society,     |        |  |
|    | committee or advocacy        |        |  |
|    | group, paid or unpaid        |        |  |
| 11 | Stock or stock options       | XNone  |  |
|    |                              |        |  |
|    |                              |        |  |
| 12 | Receipt of equipment,        | X_None |  |
|    | materials, drugs, medical    |        |  |
|    | writing, gifts or other      |        |  |
|    | services                     |        |  |
| 13 | Other financial or non-      | XNone  |  |
|    | financial interests          |        |  |
|    |                              |        |  |
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| Yao Chen has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17 <sup>th</sup> | <u>2022</u>  |
|-----------------------------|--|
| Your Name:Hua Z             | ang  |
| Manuscript Title:           | Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring informati        | n through machine learning   |
| Manuscript number (         | f known): OIMS-22-242  |

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.

|   |   | 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. | 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  |   |

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|    |  |        |  |
| 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/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other services             |        |  |
| 13 | Other financial or non-                      | X None |  |
| 13 | financial interests                          |        |  |
|    | manda meereses                               |        |  |
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| Hua Zhang has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17 <sup>th</sup> | , 2022   |
|-----------------------------|--|
| Your Name: <u>Jian \</u>    | <b>W</b> u   |
| Manuscript Title:           | _ Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring informati        | ion through machine learning   |
| Manuscript number (         | (if known): OIMS-22-242  |

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.

|   |   | 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) |
|---|---|---|---|
|   |   |   | prairing of the work  |
| 1 | All support for the present                             | XNone   |   |
|   | manuscript (e.g., funding,                              |   |   |
|   | provision of study materials,                           |   |   |
|   | medical writing, article                                |   |   |
|   | processing charges, etc.)  No time limit for this item. |   |   |
|   | No time mint 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 meetings and/or travel | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 8  | Patents planned, issued or                   | XNone  |  |
|    | pending                                      |        |  |
|    |  |        |  |
| 9  | Participation on a Data                      | XNone  |  |
|    | Safety Monitoring Board or                   |        |  |
|    | Advisory Board                               |        |  |
| 10 | Leadership or fiduciary role                 | XNone  |  |
|    | in other board, society,                     |        |  |
|    | committee or advocacy                        |        |  |
|    | group, paid or unpaid                        |        |  |
| 11 | Stock or stock options                       | XNone  |  |
|    |  |        |  |
|    |  |        |  |
| 12 | Receipt of equipment,                        | X_None |  |
|    | materials, drugs, medical                    |        |  |
|    | writing, gifts or other                      |        |  |
|    | services                                     |        |  |
| 13 | Other financial or non-                      | XNone  |  |
|    | financial interests                          |        |  |
|    |  |        |  |
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| Jian Wu has no conflicts of interest to declare. |  |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:June. 17th      | 022  |
|----------------------|--|
| Your Name: Xueta     | Wang   |
| Manuscript Title:    | Automatic prediction model for the online diaphragm motion tracking based on optical surface |
| monitoring informati | through machine learning   |
| Manuscript number (  | known): QIMS-22-242  |

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.

|   |   | 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. | 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   | X_None   |   |  |  |  |
| 4 | Consulting fees   | XNone  |   |  |  |  |

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| 5  | Payment or honoraria for  | XNone  |   |
|    | lectures, presentations,  |        |   |
|    | speakers bureaus,   |        |   |
|    | manuscript writing or   |        |   |
|    | educational events  |        |   |
| 6  | Payment for expert testimony  | XNone  |   |
|    |   |        |   |
|    |   |        |   |
| 7  | Support for attending meetings and/or travel  | XNone  |   |
|    |   |        |   |
|    |   |        |   |
| 8  | Patents planned, issued or pending  | XNone  |   |
|    |   |        |   |
|    |   |        |   |
| 9  | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                   | XNone  |   |
|    |   |        |   |
|    |   |        |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy               | XNone  |   |
|    |   |        |   |
|    |   |        |   |
|    | group, paid or unpaid   |        |   |
| 11 | Stock or stock options  | XNone  |   |
|    |   |        |   |
|    |   |        |   |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services | X_None |   |
|    |   |        |   |
|    |   |        |   |
| 13 | Other financial or non-<br>financial interests  | X None |   |
|    |   |        |   |
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| > | Xuetao Wang has no conflicts of interest to declare. |  |  |  |
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Please place an "X" next to the following statement to indicate your agreement: