Da	ite: <u>2021-06-16</u>			
Yo	ur Name:_Hui Wang			
Ma	anuscript Title: <u>Surface topo</u> g	graphy index: a novel defor	rmity severity assessment index for pectus excavatum	
Ma	anuscript number (if known)	:		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current	
	anuscript only.		· · · · · · · · · · · · · · · · · · ·	
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iter	
		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)		
		Time frame: Since the initia	planning of the work	
1	All support for the present		I planning of the work	
1	manuscript (e.g., funding,	Time frame: Since the initia	I planning of the work	
1	manuscript (e.g., funding, provision of study materials,	Time frame: Since the initia	l planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	Time frame: Since the initia	I planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initia	I planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	Time frame: Since the initiaXNone		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initia XNone Time frame: past		
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Time frame: Since the initia XNone Time frame: past		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	Time frame: Since the initia XNone Time frame: past		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: Since the initia XNone Time frame: pastXNone		

Consulting fees

5

Payment or honoraria for

lectures, presentations, speakers bureaus, manuscript writing or

X__None

X__None

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

atum

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> <u>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.	X None	
		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	X None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

Da	te: <u>2021-06-16</u>			
Yo	ur Name:_Dong-ying Zhang			
Ma	anuscript Title: <u>Surface topog</u>	graphy index: a novel defor	rmity severity assessment index for pectus excavatum	
Ma	anuscript number (if known)	:		
rel par to rel The ma The to me	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only. e author's relationships/activite epidemiology of hypertedication, even if that medicitem #1 below, report all support and support support and support support and support supp	manuscript. "Related" means affected by the content of the content of the cessarily indicate a bias. It is preferable that you do not to the author's relationship in the cesson, you should declare ation is not mentioned in the coport for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	ıs,
the	e time frame for disclosure is	s the past 36 months.		
		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)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	X None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.	Time frame: past	26 months	
2	Grants or contracts from	XNone	30 months	
-	any entity (if not indicated	ANone		
	in item #1 above).			
3	Royalties or licenses	X None		
4	Consulting fees	X None		

X__None

5

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

Da	te: <u>2021-06-16</u>		
	ur Name:_Wen-yue Si		
Ma	nuscript Title:Surface topog	graphy index: a novel defor	rmity severity assessment index for pectus excavatum
Ma	nuscript number (if known)	:	
rel par to rel The ma	ated to the content of your ries whose interests may be transparency and does not reationship/activity/interest, e following questions apply muscript only. The author's relationships/activite epidemiology of hypertedication, even if that medicatem #1 below, report all support and the	manuscript. "Related" mede affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare ation is not mentioned in the poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
tne	e time frame for disclosure is	s the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.	Time frame: past	26 months
2	Grants or contracts from	X None	30 months
-	any entity (if not indicated	ANone	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	XNone	

X__None

5

Payment or honoraria for

lectures, presentations, speakers bureaus, manuscript writing or

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

Date: 2021-06-16		
Your Name:_Qing-lin Ya	ang	
Manuscript Title:Surfac	e topography index: a novel defo	ormity severity assessment index for pectus excavatum
Manuscript number (if	known):	
related to the content of parties whose interests to transparency and do	of your manuscript. "Related" mo may be affected by the content	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a lo so.
The following questions manuscript only.	s apply to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to the epidemiology of		e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensiven the manuscript.
	t all support for the work report osure is the past 36 months.	ed in this manuscript without time limit. For all other it
	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)

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al 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	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

Date:	2021-06-16
Your N	ame:_Lian-wei
Manus	cript Title:Surface topography index: a novel deformity severity assessment index for pectus excavatum
Manus	cript number (if known):
related parties to tran	interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are I to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment sparency and does not necessarily indicate a bias. If you are in doubt about whether to list a nship/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.	X None	
		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,	XNone	
	manuscript writing or		

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

Da	te: <u>2021-06-16</u>		
Yo	ur Name:_Feng-hua Wang_		
M	anuscript Title:Surface topog	graphy index: a novel defo	ormity severity assessment index for pectus excavatum
Ma	anuscript number (if known)):	
In	the interest of transparency	v. we ask vou to disclose a	Il relationships/activities/interests listed below that are
			eans any relation with for-profit or not-for-profit third
	-	-	of the manuscript. Disclosure represents a commitment
-	-	_	. If you are in doubt about whether to list a
	ationship/activity/interest,		-
	ationship, activity, interest,	it is preferable that you u	0 30.
Th	o following guestions annly	to the outhor's relationsh	sing/activities/interests as they relate to the surrent
		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
ma	anuscript only.		
			defined broadly. For example, if your manuscript pertains
			e all relationships with manufacturers of antihypertensive
me	edication, even if that medic	cation is not mentioned in	the manuscript.
In	item #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other items,
th	e time frame for disclosure i	s the past 36 months.	
		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)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	

Consulting fees

Payment or honoraria for

lectures, presentations, speakers bureaus, manuscript writing or

X__None

X__None

4

5

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

Your N	lame:_Le Li
Manu	script Title:Surface topography index: a novel deformity severity assessment index for pectus excavatum
Manu	script number (if known):
relate partie to trai	interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are d to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third is whose interests may be affected by the content of the manuscript. Disclosure represents a commitment asparency and does not necessarily indicate a bias. If you are in doubt about whether to list a anship/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.	X None	
		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	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X None	

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

Date: 2021-06-16	
Your Name:_Qi Wang	
Manuscript Title:Surface topography index: a novel deformity severity assessment index for pectus excapations	vatum
Manuscript number (if known):	
In the interest of transparency, we ask you to disclose all relationships (activities /interests listed below	

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) 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	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X None	

	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
•	5 5 .		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

υa	te: <u>2021-06-16</u>		
Yo	ur Name:_Hui-min Xia		
Ma	nuscript Title:Surface topog	graphy index: a novel defo	rmity severity assessment index for pectus excavatum
Ma	nuscript number (if known)	:	
relapantor relations relat	ated to the content of your ries whose interests may be transparency and does not entionship/activity/interest, of following questions apply muscript only. The author's relationships/activity entions apply in the epidemiology of hypertodication, even if that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below, report all support and the entire that medicatem #1 below	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
the	time frame for disclosure i	s the past 36 months.	
		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)	
		Time frame: Since the initia	l planning of the work
L	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ame mine for time recili	Time frame: past	36 months
)	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
1	Consulting fees	X None	

5

Payment or honoraria for

lectures, presentations, speakers bureaus, manuscript writing or

X__None

	educational events		
6	Payment for expert	XNone	
	testimony		
			-
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
_			
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Please summarize the above conflict of interest in the following box: None			