Date: March 22, 2023

Your Name: Keyvan Golestan

Manuscript Title: Approximating Femoral Neck Bone Mineral Density from Hand, Knee, and Pelvis X-Rays Using Deep

Learning

Manuscript number (if known): JMAI-23-10

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>.

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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

Please place an "X" next to the following statement to indicate your agreement:

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

Date:	2023-03-20	
Your Name:	_Catriona Syme	
Manuscript Title	e:_ Approximati	ng Femoral Neck Bone Mineral Density from Hand, Knee, and Pelvis X-Rays
Using Deep Le	arning	
Manuscript num	nber (if known):	_ JMAI-23-10

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		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	None	
	manuscript (e.g., funding,	16 Bit Inc.	Received Salary
	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	_X_None	
	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 lectures, presentations,	_X_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
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	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
		16 Bit Inc	Equity compensation from 16 Bit
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_X_None	
	financial interests		

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

Dr. Catriona Syme is Head of Research & Quality at 16 Bit.	

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.

Da	te:March 20 2023			
YO	ur Name:Alexander	Bilbily		
Ma	nuscript Title: Appro	eximating Femoral Nec	k Bone Mineral Density from Hand, Knee, and Pel	vis
X-	Rays Using Deep Learn	ing		
Ma	nuscript number (if known)): JMAI-	-23-10	
		-	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	
to		necessarily indicate a bias.	If you are in doubt about whether to list a	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	• •	d in this manuscript without time limit. For all other item	5,
		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	
	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.	None		
		T; f	2C months	
	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past Amgen Canada	\$60,000 grant to run a pilot study at Sunnybrook Hospital for a 16 Bit Health Canada approved medical device called Rho.	
		INOVAIT	\$2,000,000 reimbursement-based grant to 16 Bit to further the development of Rho	
}	Royalties or licenses	None		

Consulting fees

None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	16 Bit	Pending patent entitled "Systems and Methods for Approximating Bone Mineral Density and Fracture Risk Using Single Energy X-Rays" (US 2021/0015421 A1)
9	Participation on a Data Safety Monitoring Board or Advisory Board	Osteoporosis Canada	Unpaid position on the Scientific Advisory Board.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	16 Bit Inc.	I hold stock in 16 Bit Inc.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

I am on the scientific advisory board of Osteoporosis Canada. I hold stock in a company I co-founded called 16 Bit which manufactures a Health Canada approved medical device which operates in the osteoporosis space. I am an inventor on a patent that is related to measuring bone mineral density from routine xrays. 16 Bit has received funding from Amgen Canada and INOVAIT to support product development.

Please place an "X" next to the following statement to indicate your agreement:

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

Date: March 20th 2023

Your Name: Saba Zuberi, Ph.D.

Manuscript Title: Approximating Femoral Neck Bone Mineral Density from Hand, Knee, and Pelvis X-Rays Using Deep

Learning

Manuscript number (if known): JMAI-23-10

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		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)
	All (C. 1)	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please place an "X" next to the following statement to indicate your agreement:

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

Date: March 22, 2023

Your Name: Maksims Volkovs

Manuscript Title: Approximating Femoral Neck Bone Mineral Density from Hand, Knee, and Pelvis X-Rays Using Deep

Learning

Manuscript number (if known): JMAI-23-10

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		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.	<u>x</u> None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>x</u> None	
3	Royalties or licenses	<u>x</u> None	
4	Consulting fees	<u>x</u> None	

5	Payment or honoraria for	<u>x</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>x</u> None	
	testimony		
7	Support for attending	x None	
	meetings and/or travel		
8	Patents planned, issued or	<u>x</u> _None	
	pending		
9	Participation on a Data	<u>x</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>x</u> None	
10	in other board, society,	_ <u>A</u> NOTIC	
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	<u>x</u> None	
12	Receipt of equipment,	<u>x</u> _None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or	<u>x</u> None	
	non-financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
_			
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DIم	ase place an "X" next to the	following statement to in	dicate your agreement:
rie	ase place all A Hext to the	ionowing statement to in	uicate your agreement.
	_ I certify that I have answe	ered every question and ha	ve not altered the wording of any of the questions on th

form.

Date: March 22, 2023 Your Name: Tomi Poutanen

Manuscript Title: Approximating Femoral Neck Bone Mineral Density from Hand, Knee, and Pelvis X-Rays Using Deep

Learning

Manuscript number (if known): JMAI-23-10

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	X_None	
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time illuit 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		X None	

	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	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
		.,	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	V None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	XNONC	
٠.		and the second second	Har Parks
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	No Conflicts of Intere	est	

Please place an "X" next to the following statement to indicate your agreement:

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

Date:	2023-03-20	
Your Na	me: Mark Cicero	כ
Manusc	ript Title: Approximating Fen	noral Neck Bone Mineral Density from Hand, Knee, and Pelvis X-Rays Using Deep Learning
Manusc	ript number (if known):	JMAI-23-10

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		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.	None 16 Bit Inc. Amgen	Received salary Provided funding support to 16 Bit for this
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	X None X None X None	36 months
4	Consulting fees	X_None	

5	Payment or honoraria for	None	
	lectures, presentations,	Amgen Canada	Payment for lecture
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
		V	
7	Support for attending	_X_None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending	16 Bit	Patent application filed directly related to this work.
9	Participation on a Data	_x_None	
	Safety Monitoring Board or		
- 10	Advisory Board	V 11	
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock Options	16 Bit	Equity compensation from 16 Bit
		10 511	Equity componication for the Dit
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:

Dr. Mark Cicero is the Co-founder and Co-CEO of 16 Bit which supported this research project with assistance from Amgen Canada.

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.