

## ICMJE DISCLOSURE FORM

Date: August 14, 2021

Your Name: Yisak Kim

Manuscript Title: Applications of artificial intelligence in the thorax: A focus on thoracic radiology

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__ V __ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ V __ None	
3	Royalties or licenses	__ V __ None	
4	Consulting fees	__ V __ None	

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

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

Yisak Kim have no conflicts of interest to disclose.
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**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

Date: August 14, 2021

Your Name: Ji Yoon Park

Manuscript Title: Applications of artificial intelligence in the thorax: A focus on thoracic radiology

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	__ V __ None	
4	Consulting fees	__ V __ None	

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

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

Ji Yoon Park have no conflicts of interest to disclose.

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

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

## ICMJE DISCLOSURE FORM

Date: August 13, 2021

Your Name: **Eui Jin Hwang**

Manuscript Title: **Applications of artificial intelligence in the thorax: A focus on thoracic radiology**

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <u>None</u>	
		Lunit	Research grant
		Coreline Soft	Research grant
		Monitor Corporation	Research grant
3	Royalties or licenses	<input type="checkbox"/> <u>V</u> <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> <u>V</u> <input type="checkbox"/> None	

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

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

Eui Jin Hwang reports research grants from Lunit, Coreline Soft, and Monitor Corporation, outside the present study.

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

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

## ICMJE DISCLOSURE FORM

Date: 14-08-2021

Your Name: Sang Min Lee

Manuscript Title: Applications of artificial intelligence in the thorax: A focus on thoracic radiology

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

I have no conflicts of interest to disclose.

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

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



## ICMJE DISCLOSURE FORM

Date: August 14, 2021

Your Name: **Chang Min Park**

Manuscript Title: **Applications of artificial intelligence in the thorax: A focus on thoracic radiology**

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Seoul national university hospital	This study was supported by research fund from Seoul National University Hospital.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Lunit	Research grant
		Coreline Soft	Research grant
3	Royalties or licenses	<input type="checkbox"/> V <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> V <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> V <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> V <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> V <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> V <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Seoul National University Hospital	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Korean Society of Radiology	Committee chair of Radiology Investigators Network of Korea
		Korean Society of Artificial Intelligence in Medicine	Board member
		Korean Society of Thoracic Radiology	Committee chair of International Liaison
11	Stock or stock options	<input type="checkbox"/> V <input type="checkbox"/> None	
		Stock	Promedius
		Stoch options	Coreline Soft
		Stoch options	Lunit
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> V <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> V <input type="checkbox"/> None	

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

This study was supported by research fund from Seoul National University Hospital. Chang Min Park reports research grants from Lunit, and Coreline Soft outside the present study. He is Committee chair of Radiology Investigators Network of Korea, Committee chair of International Liaison, and board member of Korean Society of Artificial Intelligence in Medicine. He holds stock of Promedius and stock options of Coreline soft and Lunit.

**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.