ICMJE DISCLOSURE FORM

Date: October 24th 2023
Your Name: Dr. Rudolf Bumm
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
		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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 24ᵗʰ 2023
Your Name: Dr. Paolo Zaffino
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 24 th2023
Your Name: Dr. Andras Lasso
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computer tomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients

Manuscript number (if known):

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

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)
		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).	__x__None	
3	Royalties or licenses	_x___None	

4	Consulting fees	__x__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 24th 2023
Your Name: Raúl San José Estépar
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
**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.**	NHLBI	Grants
**Time frame: past 36 months**		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Lung Biotechnology	Contract to serve as Image Core for a study
		Insmed	Contract to serve as Image Core for a study
		Boehringer Ingelheim	Sponsored Research Agreement
3	Royalties or licenses	_x___None	
4	Consulting fees	Leuko Labs	

		Mount Sinai	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Chiesi	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	3	Patent pending in the space of lung cancer risk assessment using machine learning technology
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	Quantitative Imaging Solutions	Co-founder and stock holder of an imaging analytics company in the lung cancer space
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

1. Support for Manuscript: Received grants from the National Heart, Lung, and Blood Institute (NHLBI) for the present manuscript, with no time limit specified for this item.

2. Grants or Contracts (Past 36 Months):
   - Contract with Lung Biotechnology to serve as Image Core for a study.
   - Contract with Insmed to serve as Image Core for a study.
   - Sponsored Research Agreement with Boehringer Ingelheim.

3. Consulting Fees:
   - Received from Leuko Labs.
   - Received from Mount Sinai.

4. Payment/Honoraria for Lectures, Presentations, etc.: Received from Chiesi.

5. Patents: Patent pending in the area of lung cancer risk assessment using machine learning technology.

6. Stock or Stock Options: Co-founder and stockholder of Quantitative Imaging Solutions, a company specializing in imaging analytics in the lung cancer space.

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: November 14th 2023
Your Name: Dr. Steve Pieper
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
**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).	__x__None	
3	Royalties or licenses	__x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	Isomics, Inc.	Dr. Pieper is a full-time employee of Isomics, Inc.

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

Dr. Pieper is a full-time employee of Isomics, Inc. and participated in the research as part of his normal work activities.

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: October 24th 2023
Your Name: Dr. Jakob Wasserthal
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
**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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 26th 2023
Your Name: Prof. Maria Francesca Spadea
Manuscript Title: From Voxels to Prognosis: AI-Driven Quantitative Chest CT Analysis Forecasts ICU Requirements in 78 COVID-19 Cases
Manuscript number (if known): JTD-23-1150-CL

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.

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)
**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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 24th 2023
Your Name: Dr. Tsogyal Daniela Latshang
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 27, 2023
Your Name: Nadine Kawel-Boehm
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
**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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 24ᵗʰ 2023
Your Name: Dr. Adrian Waeckerlin
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150-CL

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.

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)
**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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 30th 2023
Your Name: Dr. Raphael Werner
Manuscript Title: Title: From Voxels to Prognosis: AI-Driven Quantitative Chest CT Analysis Forecasts ICU Requirements in 78 COVID-19 Cases
Manuscript number (if known): JTD-23-1150-CL

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.

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)
		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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 24ᵗʰ 2023
Your Name: Dr. Gabriela Haessig
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
		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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 24th 2023
Your Name: Prof. Dr. Markus Furrer
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
		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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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

ICMJE DISCLOSURE FORM

Date: October 24ᵗʰ 2023
Your Name: Dr. Ron Kikinis
Manuscript Title: Artificial Intelligence (AI)-Assisted Chest Computertomography (CT) Insights: A Study on Intensive Care Unit (ICU) Admittance Trends in 78 Coronavirus Disease 2019 (COVID-19) Patients
Manuscript number (if known): JTD-23-1150

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.

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)
		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).	__x__None	
3	Royalties or licenses	_x___None	
4	Consulting fees	__x__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	_x___None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	_x___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No conflicts

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

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