

## ICMJE DISCLOSURE FORM

### Instructions

In the interest of transparency, we ask you to disclose all employment/relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relationship 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 an employment/relationship/activity/interest, it is preferable that you do so.

The following questions apply to your employment/relationships/activities/interests as they relate to the **current manuscript only**. Each author is required to submit a separate form and is responsible for the accuracy and completeness of the submitted information.

Your employment/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.

Date: 01-Sep-2025

<sup>req</sup> First Name: Valtteri

<sup>req</sup> Last Name: Kaasinen

Manuscript Title: A new fast and accurate dual-line midbrain measurement method for classification of Progressive supranuclear palsy: a large multicohort international study

Manuscript number: RAD-25-1394.R1

**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. Note: All items #1 through #13 must indicate none (by checking the box next to None) or include relevant disclosure information in the text boxes. Blank rows will cause the form to be sent back for completion.**

	Name all entities with whom you have this relationship or check the box next to None	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,	<input checked="" type="checkbox"/>	None

article processing charges, etc.) <b>No time limit for this item.</b>		
<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
	Turku University Hospital (VTR-funds) The Finnish Parkinson Foundation The Päivikki and Sakari Sohlberg Foundation The Turku University Foundation The Finnish Cultural Foundation	Payment to institution Payment to institution Payment to institution Payment to institution Payment to institution
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 type="checkbox"/>	None
	Bial Orion Pharma Lundbeck Abbvie Nordic Infucare AB Eisai	Payment to me Payment to me Payment to me Payment to me Payment to me Payment to me Payment to me
6. Payment for expert testimony	<input checked="" type="checkbox"/>	None
7. Support for attending meetings and/or travel	<input type="checkbox"/>	None
	Nordic Infucare	Payment to institution
8. Patents planned, issued or pending	<input checked="" type="checkbox"/>	None

9. Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/>	None
	Nordic Infucare AB - Advisory Board Abbvie - Advisory Board	Payment to me Payment to me
10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	None
	The Finnish Neurological Society - Board member	No payment
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

**req Please check the box next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and all the information is complete and accurate.

*This is a reprint of the ICMJE Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals. RSNA prepared this reprint. The ICMJE has not endorsed nor approved the contents of this reprint. The official version of the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals is located at [www.ICMJE.org](http://www.ICMJE.org). Users should cite this official version when citing the document.*