ICMJE DISCLOSURE FORM

Date: 2/26/2022

Your Name: Bin Yang

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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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.

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|------|-----------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** | |
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| **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 |
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|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | 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 ☒ None |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board ☒ None |                                                 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                         |
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| 11| Stock or stock options | ☒ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
| 13| Other financial or non-financial interests | ☒ None |

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**ICMJE DISCLOSURE FORM**

**Date:** 2/26/2022

**Your Name:** Chunman Yang

**Manuscript Title:** A deep learning system for predicting glaucoma incidence and progression using retinal photographs

**Manuscript Number (if known):** 157968-JCI-CMED-RV-2

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| 11 | Stock or stock options                                                                      | ☒ None                                                                           |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services            | ☒ None                                                                           |
| 13 | Other financial or non-financial interests                                                  | ☒ None                                                                           |

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Date: 2/26/2022

Your Name: Fanyin Wang

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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| Time frame: past 36 months |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |

| Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 6 | Payment for expert testimony                                                                    | ☒ None                                                                           |
| 7 | Support for attending meetings and/or travel                                                    | ☒ None                                                                           |
| 8 | Patents planned, issued or pending                                                              | ☒ None                                                                           |
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ICMJE DISCLOSURE FORM

Date: 2/26/2022
Your Name: Fei Li
Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs
Manuscript Number (if known): 157968-JCI-CMED-RV-2

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No time limit for this item. | ☒ None |
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| 6 | Payment for expert testimony | ☒ None |
|   | [ ] | |
| 7 | Support for attending meetings and/or travel | ☒ None |
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| 8 | Patents planned, issued or pending | ☒ None |
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Date: 2/26/2022

Your Name: Fengbin Lin

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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|   | ☒ None                                          |                                                                                 |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                           |
|   | ☒ None                                          |                                                                                 |
| 13| Other financial or non-financial interests       | ☒ None                                                                           |
|   | ☒ None                                          |                                                                                 |

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Date: 2/26/2022

Your Name: Hao Li

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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| Royalties or licenses |
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| ☒ None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None  
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| | |  
| 6 | Payment for expert testimony | ☒ None  
| | |  
| | |  
| 7 | Support for attending meetings and/or travel | ☒ None  
| | |  
| | |  
| 8 | Patents planned, issued or pending | ☒ None  
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None |
|---|------------------------|--------|
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ Yes  
None |
|   | Other financial or non-financial interests | ☒ Yes  
None |

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Date: 2/26/2022

Your Name: Huixin Che

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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**Time frame: Since the initial planning of the work**

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**Time frame: past 36 months**

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3. Royalties or licenses
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Date: 2/26/2022

Your Name: Huiying Zhang

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                          |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services  ☒ None  |                                                                                  |
|    |                                                                                  |                                                                                  |
| 13 | Other financial or non-financial interests  ☒ None |                                                                                  |
|    |                                                                                  |                                                                                  |

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ICMJE DISCLOSURE FORM

Date: 2/26/2022

Your Name: Jie Xu

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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|   | ☒ None                                                                                 |                                                                                   |
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|   | ☒ None                                                                                 |                                                                                   |
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|   | ☒ None                                                                                 |                                                                                   |
| 8 | Patents planned, issued or pending                                                    | ☒ None                                                                           |
|   | ☒ None                                                                                 |                                                                                   |
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|   | ☒ None                                                                                 |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
|   | ☒ None                                                                                 |                                                                                   |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
| 13 | Other financial or non-financial interests | ☒ None |

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: 2/26/2022

Your Name: Kang Zhang

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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 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) |
| --- | --- |
| **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 |
| | Macau University of Science and Technology |
| | Click the tab key to add additional rows |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☐ | None |
| | FDCT (0070/2020/A2) |
| | |
| 3 | Royalties or licenses |
| ☒ | None |
| | |
|   | 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) |
|---|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | 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 | ☒ None |
|   | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None |
|   | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None |
|   | | |
|   | 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) |
|----|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options ❌ None                                                                 |                                                                                 |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services ❌ None      |                                                                                 |
| 13 | Other financial or non-financial interests ❌ None                                           |                                                                                 |

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:** 2/26/2022

**Your Name:** Kanmin Xue

**Manuscript Title:** A deep learning system for predicting glaucoma incidence and progression using retinal photographs

**Manuscript Number (if known):** 157968-JCI-CMED-RV-2

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|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|   | No time limit for this item.                                                                 | □ No time limit for this item.                                                      | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | ☒ None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| 3 | Royalties or licenses                                                                         | ☒ None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | 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                                                               | ☒  None                                                                          |
|   |                                                                                                 |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒  None                                                                          |
|   |                                                                                                 |                                                                                  |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒  None                                                                          |
|   |                                                                                                 |                                                                                  |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒️ None                                                                                     |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒️ None                                                                                     |
| 13 | Other financial or non-financial interests | ☒️ None                                                                                     |

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:** 2/26/2022  
**Your Name:** Lina Chen  
**Manuscript Title:** A deep learning system for predicting glaucoma incidence and progression using retinal photographs  
**Manuscript Number (if known):** 157968-JCI-CMED-RV-2

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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) |
|---|------------------------------------------------------------------------------------------------|--|
| 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 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 3 | Royalties or licenses | ☒ None |

**Time frame: Since the initial planning of the work**

**Time frame: 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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | 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                                                             | ☒ None                                                                               |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                              | ☒ None                                                                               |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                               |
|   | 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) |
|---|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 11 | Stock or stock options                                                                     | ☒ None                                                             |
|    |                                                                                          |                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services          | ☒ None                                                             |
|    |                                                                                          |                                                                   |
| 13 | Other financial or non-financial interests                                                 | ☒ None                                                             |
|    |                                                                                          |                                                                   |

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Date: 2/26/2022

Your Name: Linjiang Chen

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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, medical writing, article processing charges, etc.)
No time limit for this item. | ☒ None |
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| **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 |
| | [ ] |
| | [ ] |
|   | 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) |
|---|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | 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 | ☒ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None |
|   | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None | 
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None | 
| 13 | Other financial or non-financial interests | ☒ None | 

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Date: 2/26/2022

Your Name: Ming Ge

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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| Item | 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) |
|------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Time frame: Since the initial planning of the work |
|      | No time limit for this item.                                                                 |                                                                                   |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                      | ☒ None | Time frame: past 36 months |
| 3    | Royalties or licenses                                                                         | ☒ None                                                                 |
|   | 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) |
|---|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4 | 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                                                     | ☒ None                                                                         |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                     | ☒ None                                                                         |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                         |
|   | 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) |
|---|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None                                                                 |
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|    |                                                                                                    |                                                                                  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                 |
|    |                                                                                                    |                                                                                  |
|    |                                                                                                    |                                                                                  |
| 13 | Other financial or non-financial interests                                                          | ☒ None                                                                 |
|    |                                                                                                    |                                                                                  |
|    |                                                                                                    |                                                                                  |

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: 2/26/2022  
Your Name: Sheng Nie  
Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs  
Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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|---|---|
| **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 |
| | |
|   | 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) |
|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                           | ☒ None                                                                          |
|   | ☑ None                                                                                     |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                          |
|   | ☑ None                                                                                     |                                                                                  |
| 6 | Payment for expert testimony                                                               | ☒ None                                                                          |
|   | ☑ None                                                                                     |                                                                                  |
| 7 | Support for attending meetings and/or travel                                               | ☒ None                                                                          |
|   | ☑ None                                                                                     |                                                                                  |
| 8 | Patents planned, issued or pending                                                         | ☒ None                                                                          |
|   | ☑ None                                                                                     |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                           | ☒ None                                                                          |
|   | ☑ None                                                                                     |                                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
|   | ☑ None                                                                                     |                                                                                  |
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|---|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11| Stock or stock options                                          | ☒ None                                                                           |
|   |                                                                 |                                                                                 |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                           |
|   |                                                                 |                                                                                 |
| 13| Other financial or non-financial interests                       | ☒ None                                                                           |
|   |                                                                 |                                                                                 |

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:** 2/26/2022

**Your Name:** Shiyan Chen

**Manuscript Title:** A deep learning system for predicting glaucoma incidence and progression using retinal photographs

**Manuscript Number (if known):** 157968-JCI-CMED-RV-2

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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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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 |
|   |                                                                                               | Click the tab key to add additional rows. |
| **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 |
|   |                                                                                               | |
|   | 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) |
|---|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | 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                                                  | ☒  None                                                                           |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                  | ☒  None                                                                           |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒  None                                                                           |
|   | 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) |
|---|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| 11 | Stock or stock options                                           | ☒ None                                                                           |
|    |                                                                 |                                                                                 |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                           |
| 13 | Other financial or non-financial interests                       | ☒ None                                                                           |

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: 2/26/2022
Your Name: Wanlin Li
Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs
Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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|---|---|
| ☒ None | |

Time frame: past 36 months

| Time frame: past 36 months |
| Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |

| Time frame: past 36 months |
| Royalties or licenses | ☒ None |

Click the tab key to add additional rows.
| Column | Description                                                                 | Yes/No | Comments |
|--------|-----------------------------------------------------------------------------|--------|----------|
| 4      | 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                                          | ☒      | None     |
| 9      | Participation on a Data Safety Monitoring Board or Advisory Board            | ☒      | None     |
| 10     | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒      | None     |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 11 | **Stock or stock options**                                                                       | ☒ None                                                                                                                        |
|    |                                                                                                 |                                                                                                                                 |
| 12 | **Receipt of equipment, materials, drugs, medical writing, gifts or other services**            | ☒ None                                                                                                                        |
|    |                                                                                                 |                                                                                                                                 |
| 13 | **Other financial or non-financial interests**                                                   | ☒ None                                                                                                                        |
|    |                                                                                                 |                                                                                                                                 |

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☒ 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: 2/26/2022

Your Name: Weihui Zhong

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) |
| ☒ | None |
| | No time limit for this item. |
| **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 |
|   | 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) |
|---|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                 | ☒ None                                                                            |
|   | ☐ None                                                                            |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                            |
|   | ☐ None                                                                            |                                                                                   |
| 6 | Payment for expert testimony                                                     | ☒ None                                                                            |
|   | ☐ None                                                                            |                                                                                   |
| 7 | Support for attending meetings and/or travel                                      | ☒ None                                                                            |
|   | ☐ None                                                                            |                                                                                   |
| 8 | Patents planned, issued or pending                                               | ☒ None                                                                            |
|   | ☐ None                                                                            |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                | ☒ None                                                                            |
|   | ☐ None                                                                            |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                            |
|   | ☐ None                                                                            |                                                                                   |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
| 13 | Other financial or non-financial interests | ☒ None |

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: 2/26/2022

Your Name: Xiulan Zhang

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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 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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| 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 |
| | Sun Yat-sen University |  |
| | National Natural Science Foundation of China |  |
| | Guangzhou Municipal Science and Technology Bureau |  |
| | Click the tab key to add additional rows. |  |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None |
| | National Natural Science Foundation of China (82101117, 82070955) |  |
| | High-level Hospital Construction Project, Zhongshan Ophthalmic Center, Sun Yat-sen University (303020104), |  |
| | Science and Technology Program of Guangzhou, China (2021) |  |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses | ☒ None                                                                               |
| 4 | 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 | ☒ None                                                                               |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None                                                                               |
| 10 | Leadership or fiduciary role in other board, | ☒ None                                                                               |
|   | 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) |
|---|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| society, committee or advocacy group, paid or unpaid |                                                                                   |                                                                                   |
| 11 | Stock or stock options                                                                 | ☒ None                                                                            |
|    |                                                                                         |                                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services        | ☒ None                                                                            |
|    |                                                                                         |                                                                                   |
| 13 | Other financial or non-financial interests                                                | ☒ None                                                                            |
|    |                                                                                         |                                                                                   |

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: 2/26/2022

Your Name: Yingjie Li

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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| 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 |
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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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                 | ☒ None                                                                            |
|   | ☐ None                                                                                          |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                            |
|   | ☐ None                                                                                          |                                                                                   |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                            |
|   | ☐ None                                                                                          |                                                                                   |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                            |
|   | ☐ None                                                                                          |                                                                                   |
| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                            |
|   | ☐ None                                                                                          |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒ None                                                                            |
|   | ☐ None                                                                                          |                                                                                   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                            |
|   | ☐ None                                                                                          |                                                                                   |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None |
|    |                                                                                                  |                                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
|    |                                                                                                  |                                                                                   |
| 13 | Other financial or non-financial interests | ☒ None |
|    |                                                                                                  |                                                                                   |

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: 2/26/2022

Your Name: Yong Zhou

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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| --- | --- |
| **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.) |
| ☒ None | No time limit for this item. |
| | | Click the tab key to add additional rows: |
| **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 | |
| | |
|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | 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                                                                | ☒ None                                                                            |
|   | ☐                                                                                               |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒ None                                                                            |
|   | ☐                                                                                               |                                                                                  |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                            |
|   | ☐                                                                                               |                                                                                  |
|   | 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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                                          | ☒ None                                                                           |
|    |                                                                                               |                                                                                 |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services               | ☒ None                                                                           |
|    |                                                                                               |                                                                                 |
| 13 | Other financial or non-financial interests                                                      | ☒ None                                                                           |
|    |                                                                                               |                                                                                 |

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: 2/26/2022

Your Name: Yuandong Su

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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| Item | Description | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|-------------|--------------------------------------------------|---------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | ☒ None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None | ☒ None |
| 3    | Royalties or licenses | ☒ None | ☒ None |
|   | 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) |
|---|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                            | ☒ None                                                                           |
|   | ☐ None                                                                                     |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                           |
|   | ☐ None                                                                                     |                                                                                  |
| 6 | Payment for expert testimony                                                                | ☒ None                                                                           |
|   | ☐ None                                                                                     |                                                                                  |
| 7 | Support for attending meetings and/or travel                                                | ☒ None                                                                           |
|   | ☐ None                                                                                     |                                                                                  |
| 8 | Patents planned, issued or pending                                                           | ☒ None                                                                           |
|   | ☐ None                                                                                     |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                           | ☒ None                                                                           |
|   | ☐ None                                                                                     |                                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
|   | ☐ None                                                                                     |                                                                                  |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
| 13 | Other financial or non-financial interests | ☒ None |

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:**  
2/26/2022

**Your Name:**  
Yuanxu Gao

**Manuscript Title:**  
A deep learning system for predicting glaucoma incidence and progression using retinal photographs

**Manuscript Number (if known):**  
157968-JCI-CMED-RV-2

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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|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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 |
|   | ☒ None | |
|   | ☒ None | |
|   | ☒ None | |

|   | Time frame: Since the initial planning of the work |
|---|---------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
No time limit for this item. |
|   | ☒ None |
|   | ☒ None |
|   | ☒ None |

|   | Time frame: past 36 months |
|---|----------------------------|
| 3 | Royalties or licenses  
No time limit for this item. |
|   | ☒ None |
|   | ☒ None |

Click the tab key to add additional rows.
|   | 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) |
|---|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 4 | 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                                                      | ☒ None                                                                           |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                       | ☒ None                                                                           |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
|   | 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) |
|---|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                                                          | ☒ None                                                                          |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                | ☒ None                                                                          |
| 13 | Other financial or non-financial interests                                                                     | ☒ None                                                                          |

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: 2/26/2022
Your Name: Yunhe Song
Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs
Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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| **Time frame: Since the initial planning of the work** | |
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| | | |
| **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 |
| | |
|   | 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) |
|---|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 4 | 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                              | ☒ None                                                                                                                                  |
|   |                                                                 |                                                                                                                                 |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None                                                                                                                                  |
|   |                                                                 |                                                                                                                                 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                                                                                  |
|   |                                                                 |                                                                                                                                 |
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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|11 | Stock or stock options                                                                            | ☒ None                                                                            |
|   |                                                                                                  |                                                                                   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | ☒ None                                                                            |
|   |                                                                                                  |                                                                                   |
|13 | Other financial or non-financial interests                                                          | ☒ None                                                                            |
|   |                                                                                                  |                                                                                   |

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ICMJE DISCLOSURE FORM

Date: 2/26/2022

Your Name: Yunqin Jia

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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| Time frame: Since the initial planning of the work |
| 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) |
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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None |

| Time frame: past 36 months |
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| 4 | Consulting fees | ☒ None                                                                                   |
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| 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 | ☒ None                                                                                   |
|   |                                                               |                                                                                      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None                                                                                   |
|   |                                                               |                                                                                      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                                   |
|   |                                                               |                                                                                      |
|   | 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) |
|---|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                                      | ☒ None                                                                              |
|    |                                                                                           |                                                                                     |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services           | ☒ None                                                                              |
|    |                                                                                           |                                                                                     |
| 13 | Other financial or non-financial interests                                                  | ☒ None                                                                              |
|    |                                                                                           |                                                                                     |

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☒ 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: 2/26/2022

Your Name: Yuqing Wu

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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| **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 |
| | |
| | |
| | Click the tab key to add additional rows. |
| **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 |
| | |
| | |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | 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                                                              | ☒ None                                                                            |
|   |                                                                                                 |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | ☒ None                                                                            |
|   |                                                                                                 |                                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid| ☒ None                                                                            |
|   |                                                                                                 |                                                                                  |
|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None                                                                                                                                 |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                                                                                 |
| 13 | Other financial or non-financial interests | ☒ None                                                                                                                                 |

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**ICMJE DISCLOSURE FORM**

**Date:** 2/26/2022  
**Your Name:** Zhengui Chen  
**Manuscript Title:** A deep learning system for predicting glaucoma incidence and progression using retinal photographs  
**Manuscript Number (if known):** 157968-JCI-CMED-RV-2

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 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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| 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 | |

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| 3 Royalties or licenses | ☒ None | |
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| 6 | Payment for expert testimony                                                            | ☒ None                                                                           |
| 7 | Support for attending meetings and/or travel                                            | ☒ None                                                                           |
| 8 | Patents planned, issued or pending                                                       | ☒ None                                                                           |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                       | ☒ None                                                                           |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
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| |
**12** Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None
| |
**13** Other financial or non-financial interests | ☒ None
| |

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ICMJE DISCLOSURE FORM

Date: 2/26/2022

Your Name: Zhihuan Li

Manuscript Title: A deep learning system for predicting glaucoma incidence and progression using retinal photographs

Manuscript Number (if known): 157968-JCI-CMED-RV-2

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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| 11| Stock or stock options  | ☒ None                                                                                     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services  | ☒ None                                                                                     |
| 13| Other financial or non-financial interests  | ☒ None                                                                                     |

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