Date:2024-06-09				
Your Name: Keyang Zhou				
Ma	nuscript Title: Association be	etween glymphatic dysfunctio	on and neurocognitive decline in patients with frontal lobe e	pilepsy
	nuscript number (if known)		•	
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	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,				
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		Name all entities with	Specifications/Comments	
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		relationship or indicate	institution)	
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		Time frame: Since the initial	planning of the work	
1	All support for the present	√ None		
_	manuscript (e.g., funding,	vNone		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
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		Time frame: past	36 months	
2	Grants or contracts from	√None		

any entity (if not indicated

√__None

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in item #1 above).

Consulting fees

Royalties or licenses

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5	Payment or honoraria for	
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
_	educational events	
6	Payment for expert	
	testimony	
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7	Support for attending meetings and/or travel	
8	Patents planned, issued or	
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9	Participation on a Data	
	Safety Monitoring Board or Advisory Board	
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10	Leadership or fiduciary role in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	√ None
12	Receipt of equipment,	√ None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	√ None
	financial interests	
		onflict of interest in the following box: ancial interests or personal relationships that could have appeared to influence the

Da	nte:2024-06-09			
Yo	ur Name:Song Peng	5		
Ma	anuscript Title: Association be	etween glymphatic dysfunctic	on and neurocognitive decline in patients with frontal lobe epile	epsy
Ma	anuscript number (if known)):QIMS-24-375		
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Time frame: past 36 months

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Consulting fees

Royalties or licenses

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Da	te: 2024-06-09			
	ur Name: Guang Ya	 0		
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		relationship or indicate	institution)	
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1	All support for the present			
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Time frame: past 36 months

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medical writing, article processing charges, etc.)

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Da	te:2024-06-09				
Yo	Your Name:Yu Luo				
	Manuscript Title: <u>Association between glymphatic dysfunction and neurocognitive decline in patients with frontal lobe epilepsy</u> Manuscript number (if known):QIMS-24-375				
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Consulting fees

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13	Other financial or non-	√ None
	financial interests	
		onflict of interest in the following box: ancial interests or personal relationships that could have appeared to influence the

Da	te:2024-06-09				
Yo	ur Name:Quanji Li_				
Ma	Manuscript Title: Association between glymphatic dysfunction and neurocognitive decline in patients with frontal lobe epilepsy				
Ma	nuscript number (if known)	:QIMS-24-375			
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3	Royalties or licenses	√ None			

Consulting fees

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13	Other financial or non-	√ None
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Da	te:2024-06-09				
Yo	Your Name: Yunchen Huang				
Ma	nuscript Title: Association be	etween glymphatic dysfunct	ion and neurocognitive decline in patients with frontal lobe	epilepsy	
Ma	nuscript number (if known)	:QIMS-24-375			
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	any entity (if not indicated				
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3	Royalties or licenses	√None			

Consulting fees

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11	Stock or stock options	√ None
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Da	te:2024-06-09			
Yo	ur Name:Qingxia Z	hang		
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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)	
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	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pa	st 36 months	

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Royalties or licenses

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5	Payment or honoraria for		
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11	Stock or stock options	√ None	
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	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		
	Please summarize the above conflict of interest in the following box: I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper		

Da	te:2024-06-09		
Yo	ur Name:Lingling D	eng	
	anuscript Title: <u>Association b</u> anuscript number (if known		ion and neurocognitive decline in patients with frontal lobe epilepsy
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	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.		
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<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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Royalties or licenses

Consulting fees

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5	Payment or honoraria for		
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13	Other financial or non-	√ None	
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Da	te: 2024-06-09			
	ur Name:Zhi Song_			
			ion and neurocognitive decline in patients with frontal lob	e epilepsy
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Da	te:2024-06-09			
Yo	ur Name:Wei Wang	<u></u>		
Ma	anuscript Title: Association be	etween glymphatic dysfuncti	on and neurocognitive decline in patients with frontal lobe ep	oilepsy
In rel pa to rel Th ma	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> . The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.			
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Yo	ur Name:Ding Liu				
	Manuscript Title: Association between glymphatic dysfunction and neurocognitive decline in patients with frontal lobe epilepsy				
Ma	anuscript number (if known)	:QIMS-24-375			
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	nuscript Title: <u>Association b</u> nuscript number (if known		ion and neurocognitive decline in patients with frontal lobe epileps
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	Royalties or licenses	√ None	

Consulting fees

5	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert		
	testimony		
_			
7	Support for attending meetings and/or travel		
8	Patents planned, issued or		
	pending		
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9	Participation on a Data		
	Safety Monitoring Board or Advisory Board		
10	·		
10	Leadership or fiduciary role in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√ None	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		
	Please summarize the above conflict of interest in the following box: I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper		