

# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Rhythm Vasudeva

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

Manuscript number (if known): -

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

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

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

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

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

None

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

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

# ICMJE DISCLOSURE FORM

Date: 8/4/24

Your Name: Harsh Mehta

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

Manuscript number (if known): -

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Wan-Chi Chan

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

Manuscript number (if known): -

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# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Sania Jiwani

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

Manuscript number (if known): -

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# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Sri G Yarlagadda

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

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# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Prakash Acharya

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

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# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Prasad Gunasekaran

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

Manuscript number (if known): -

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# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Georges Hajj

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

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# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Mark Wiley

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

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# ICMJE DISCLOSURE FORM

Date: 8/3/2024

Your Name: Eric Hockstad, MD

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

Manuscript number (if known): -

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	Case review	2023 case review paid to me
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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2023 case review paid to me for expert testimony.

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# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Peter Tadros

Manuscript Title: Nationwide Trends and Outcomes of Percutaneous Coronary Intervention for Stable Ischemic Heart Disease in End-Stage Kidney Disease

Manuscript number (if known): -

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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☒ **X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

Date: 8/6/24

Your Name: Kamal Gupta

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