| Date:Feb. 23 th , 2022 |
|--|
| Your Name: Mengya Dong |
| Manuscript Title: Diagnostic performance of coronary computed tomography angiography-derived fractional flow |
| reverse in lesion-specific ischemia patients with different Gensini score levels |
| Manuscript number (if known):_ ATM-22-881 |

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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
|---|---|---|---|
| | | | |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time illuit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|---|-------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | X_None | |
| | | | |
| | | | |
| | services | | |
| 13 | Other financial or non- financial interests | XNone | |
| | | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| | | | |

| Date:Feb. 23 th , 2022 |
|--|
| Your Name: Chen Li |
| Manuscript Title: Diagnostic performance of coronary computed tomography angiography-derived fractional flow |
| reverse in lesion-specific ischemia patients with different Gensini score levels |
| Manuscript number (if known):_ ATM-22-881 |

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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | Time mame. Since the mittal | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|---|-------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | X_None | |
| | | | |
| | | | |
| | services | | |
| 13 | Other financial or non- financial interests | XNone | |
| | | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| | | | |

| Date:Feb. 23 th , 2022 |
|--|
| Your Name: Guang Yang |
| Manuscript Title: Diagnostic performance of coronary computed tomography angiography-derived fractional flow |
| reverse in lesion-specific ischemia patients with different Gensini score levels |
| Manuscript number (if known):_ ATM-22-881 |

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</u> <u>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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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|---|-------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | X_None | |
| | | | |
| | | | |
| | services | | |
| 13 | Other financial or non- financial interests | XNone | |
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| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| | | | |

| Date:Feb. 23 th , 2022 |
|--|
| Your Name: Qiling Gou |
| Manuscript Title: Diagnostic performance of coronary computed tomography angiography-derived fractional flow |
| reverse in lesion-specific ischemia patients with different Gensini score levels |
| Manuscript number (if known):_ ATM-22-881 |

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>.

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| | | Time mame. Since the mittal | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | X_None | |
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| | services | | |
| 13 | Other financial or non- financial interests | XNone | |
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| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| | | | |

| Date:Feb. 23 th , 2022 |
|--|
| Your Name: Qinghua Zhao |
| Manuscript Title: Diagnostic performance of coronary computed tomography angiography-derived fractional flow |
| reverse in lesion-specific ischemia patients with different Gensini score levels |
| Manuscript number (if known):_ ATM-22-881 |

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). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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

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

| Date:Feb. 23 th , 2022 |
|--|
| Your Name: Yuqi Liu |
| Manuscript Title: Diagnostic performance of coronary computed tomography angiography-derived fractional flow |
| reverse in lesion-specific ischemia patients with different Gensini score levels |
| Manuscript number (if known):_ ATM-22-881 |

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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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|----|--|--------------------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
| ٥ | pending | | |
| | pending | | |
| - | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| 10 | in other board, society, | XNOTIE | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | Beijing Escope Tech Co., | |
| | financial interests | Ltd. | |
| | | | |
| | | | |
| | | | |

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

| Yuqi Liu is from Beijing Escope Tech Co., Ltd. |
|--|
| |
| |

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

| Date:Feb. 23 th , 2022 |
|--|
| Your Name: Xiling Shou |
| Manuscript Title: Diagnostic performance of coronary computed tomography angiography-derived fractional flow |
| reverse in lesion-specific ischemia patients with different Gensini score levels |
| Manuscript number (if known):_ ATM-22-881 |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|---|-------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | |
| | | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| | | | |
| | | | |
| | | | |
| 13 | Other financial or non- financial interests | XNone | |
| | | | |
| | | | |
| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
| | None. | | |
| L | | | |