

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Daniele

2. Surname (Last Name)  
Andreini

3. Date  
20-March-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title

The usefulness of cardiac CT integrated with FFRCT for planning myocardial revascularization in complex coronary artery disease: a lesson from SYNTAX studies

6. Manuscript Identifying Number (if you know it)

CDT-19-526

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Daniele Andreini MD PhD has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Saima

2. Surname (Last Name)  
Mushtaq

3. Date  
18-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Daniele Andreini

5. Manuscript Title  
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1. Given Name (First Name)  
Edoardo

2. Surname (Last Name)  
Conte

3. Date  
18-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Daniele Andreini

5. Manuscript Title  
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1. Given Name (First Name)  
Mariachiara

2. Surname (Last Name)  
Mei

3. Date  
19-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Daniele Andreini

5. Manuscript Title  
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1. Given Name (First Name)  
Flavia

2. Surname (Last Name)  
Nicoli

3. Date  
19-March-2020

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☐ Yes ☒ No

Corresponding Author's Name  
Daniele Andreini

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eleonora

2. Surname (Last Name)  
Melotti

3. Date  
19-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Daniele Andreini

5. Manuscript Title  
The usefulness of cardiac CT integrated with FFRCT for planning myocardial revascularization in complex coronary artery disease: a lesson from SYNTAX studies

6. Manuscript Identifying Number (if you know it)  
CDT-19-526

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Melotti has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Giulio

2. Surname (Last Name)  
Pompilio

3. Date  
20-March-2020

4. Are you the corresponding author? ☐ Yes ☒ No

Corresponding Author's Name  
Daniele Andreini, MD, PhD, FESC, FSCCT

5. Manuscript Title  
The usefulness of cardiac CT integrated with FFRCT for planning  
myocardial revascularization in complex coronary artery disease:

6. Manuscript Identifying Number (if you know it)

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Giulio Pompilio MD PhD has noting to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mauro

2. Surname (Last Name)  
Pepi

3. Date  
18-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Daniele Andreini

5. Manuscript Title  
The usefulness of cardiac CT integrated with FFRCT for planning myocardial revascularization in complex coronary artery disease: a lesson from SYNTAX studies

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Pepi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Antonio	2. Surname (Last Name) Bartorelli	3. Date 19-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Daniele Andreini
5. Manuscript Title The usefulness of cardiac CT integrated with FFRCT for planning myocardial revascularization in complex coronary artery disease: a lesson from SYNTAX studies		
6. Manuscript Identifying Number (if you know it)  		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Bartorelli has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yoshinobu

2. Surname (Last Name)

Onuma

3. Date

20-March-2020

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Daniele Andreini

5. Manuscript Title

The usefulness of cardiac CT integrated with FFRCT for planning myocardial revascularization in complex coronary artery disease: a lesson from SYNTAX studies

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☒

No

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Dr. Onuma has nothing to disclose.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Serruys	3. Date 20-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Daniele Andreini
5. Manuscript Title The usefulness of cardiac CT integrated with FFRCT for planning myocardial revascularization in complex coronary artery disease: a lesson from SYNTAX studies		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Heartflow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Electronic Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Philips/Volcano	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Xeltis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sino Medical Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Serruys reports grants from Heartflow, grants from General Electronic Healthcare, during the conduct of the study; personal fees from Philips/Volcano, personal fees from Xeltis, personal fees from Sino Medical Sciences, outside the submitted work; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.