Date:May. 15 <sup>th</sup> , 2021
Your Name:Lihua Yu
Manuscript Title:_Prognostic value of CT-derived myocardial blood flow, CT fractional flow reserve and high-risk plaque
features for predicting major adverse cardiac events
Manuscript number (if known):CDT-21-219

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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		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 initia	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).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	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	X None	
	·		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
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Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
	Nana		
	None.		
Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:

Date:May. 15 <sup>th</sup> , 2021
Your Name:Zhigang Lu
Manuscript Title:_Prognostic value of CT-derived myocardial blood flow, CT fractional flow reserve and high-risk plaque
features for predicting major adverse cardiac events
Manuscript number (if known):CDT-21-219

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4	Consulting fees	XNone	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
J	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	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- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
None.			
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Ple	Please place an "X" next to the following statement to indicate your agreement:		
	•	——————————————————————————————————————	

Date:May. 15 <sup>th</sup> , 2021
Your Name:Xu Dai
Manuscript Title:_Prognostic value of CT-derived myocardial blood flow, CT fractional flow reserve and high-risk plaque
features for predicting major adverse cardiac events
Manuscript number (if known):CDT-21-219

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
J	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	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- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
None.			
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Ple	Please place an "X" next to the following statement to indicate your agreement:		
	•	——————————————————————————————————————	

Date:May. 15 <sup>th</sup> , 2021
Your Name:Chengxing Shen
Manuscript Title:_Prognostic value of CT-derived myocardial blood flow, CT fractional flow reserve and high-risk plaque
features for predicting major adverse cardiac events
Manuscript number (if known):CDT-21-219

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
J	pending		
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	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- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
None.			
L			
Ple	Please place an "X" next to the following statement to indicate your agreement:		
	•	——————————————————————————————————————	

Date:May. 15 <sup>th</sup> , 2021
our Name: Lei Zhang
Aanuscript Title:_Prognostic value of CT-derived myocardial blood flow, CT fractional flow reserve and high-risk plaqu
eatures for predicting major adverse cardiac events
Manuscript number (if known):CDT-21-219

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone			
	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	X None			
	pending				
^	Davidish at an ana Data	V. Name			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	•	V None			
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11		X None			
11	Stock or stock options	XNone			
12	Descipt of agricument	V Nano			
12	Receipt of equipment, materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
DI.	Discontinuous de abanca conflict of interest in the fall and in the second				
PIE	Please summarize the above conflict of interest in the following box:				
	None				
None.					
Please place an "X" next to the following statement to indicate your agreement:					

Date:May. 15 <sup>th</sup> , 2021
Your Name:Jiayin Zhang
Manuscript Title:_Prognostic value of CT-derived myocardial blood flow, CT fractional flow reserve and high-risk plaque
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Manuscript number (if known):CDT-21-219

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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.	National Natural Science Foundation of China (Grant No.: 81671678), Medical Guidance Scientific Research Support Project of Shanghai Science and Technology Commission (Grant No.: 19411965100) and Shanghai Municipal Education Commission- Gaofeng Clinical Medicine Grant Support (Grant No.: 20161428).	

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3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	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	Descript of a miles and	V Name	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
12	Other financial or non-	V None	
13	financial interests	XNone	
	inalicial interests		

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Jiayin Zhang received funding from National Natural Science Foundation of China (Grant No.: 81671678), Medical Guidance Scientific Research Support Project of Shanghai Science and Technology Commission (Grant No.: 19411965100) and Shanghai Municipal Education Commission-Gaofeng Clinical Medicine Grant Support (Grant No.: 20161428).

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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.