

ICMJE DISCLOSURE FORM

Date: ___ Oct. 12th, 2021 ___

Your Name: ___ Xiaoling Zeng ___

Manuscript Title: ___ Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging ___

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.

The author’s relationships/activities/interests should be defined broadly. 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, 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)
Time frame: Since the initial 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.	__X__ None	
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	__X__ None	
4	Consulting fees	__X__ 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:

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: ___ Oct. 12th, 2021 ___

Your Name: ___ Emil Nielsen Holck ___

Manuscript Title: ___ Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging ___

Manuscript number (if known): _____

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Table with 4 columns: Item number, Description, Name of entities, and Specifications/Comments. It includes a 'Time frame: Since the initial planning of the work' section for item 1 and a 'Time frame: past 36 months' section for items 2, 3, and 4.

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	
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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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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ICMJE DISCLOSURE FORM

Date: ____ Oct. 12th, 2021 ____

Your Name: ____ Jelmer Westra ____

Manuscript Title: ____ Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging ____

Manuscript number (if known): _____

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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	
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ICMJE DISCLOSURE FORM

Date: Oct. 12th, 2021

Your Name: Fukang Hu

Manuscript Title: Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
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Please summarize the above conflict of interest in the following box:

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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: ____ Oct. 12th, 2021 ____

Your Name: ____ Jiayue Huang ____

Manuscript Title: ____ Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging ____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: ___ Oct. 12th, 2021 ___

Your Name: ___ Hiroki Emori ___

Manuscript Title: ___ Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging ___

Manuscript number (if known): _____

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Date: Oct. 12th, 2021

Your Name: Takashi Kubo

Manuscript Title: Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
3	Royalties or licenses	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
4	Consulting fees	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	

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ICMJE DISCLOSURE FORM

Date: Oct. 12th, 2021

Your Name: William Wijns

Manuscript Title: Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging

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Time frame: Since the initial 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.	MicroPort	Research grants and honoraria
		Rede Optrimus Research	Medical advisor
		Argonauts	Co-founder
Time frame: past 36 months			
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	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr. Wijns reports grants and personal fees from MicroPort, other from Rede Optimus Research, other from Argonauts, outside the submitted work .

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

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: ___ Oct. 12th, 2021 ___

Your Name: ___ Lianglong Chen ___

Manuscript Title: ___ Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging ___

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Date: Oct. 12th, 2021

Your Name: Shengxian Tu

Manuscript Title: Impact of Coronary Plaque Morphology on the Precision of Computational FFR Derived from Optical Coherence Tomography Imaging

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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.	Pulse medical imaging technology	Research support
Time frame: past 36 months			
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	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr. Tu reports grants from Pulse medical imaging technology, during the conduct of the study.

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

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