Date:Apr. 25 th , 2022
Your Name:Guangzhou Du
Manuscript Title: The Value of Quantitative Plaque Analysis Based on Coronary Computed Tomography Angiography
in Predicting the Percutaneous Coronary Intervention Outcome of Chronic Total Occlusion Lesions
Manuscript number (if known): QIMS-22-428

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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		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)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
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				
	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
_	Doublein ati	V No.				
9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
10	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	_XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X None				
13	financial interests	XNone				
	Please summarize the above conflict of interest in the following box: None.					
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:			

Date:	Apr. 25 th , 2022_							_
Your Name:	Minghui Ca	о						_
Manuscript ³	Title: The V	alue of Qu	antitative Plaque	Analysis Based	d on Coronary	Computed To	omography An	giography
in Predicting	g the Percutane	ous Coron	ary Intervention	Outcome of Ch	ronic Total O	cclusion Lesio	ns	_
Manuscript	number (if kno	wn):	QIMS-22-428_					
related to the parties who	ne content of you	our manus y be affec	k you to disclose cript. "Related" r ted by the conter arily indicate a bi	neans any relat It of the manus	tion with for- script. Disclos	profit or not-four ure represents	or-profit third s a commitmer	

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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)
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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	X_None	

5	Payment or honoraria for	XNone				
	lectures, presentations, speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	X None				
	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
_	Doublein ati	V No.				
9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
10	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	_XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X None				
13	financial interests	XNone				
	Please summarize the above conflict of interest in the following box: None.					
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:			

Date:	Apr. 25 th , 2022	
Your Nam	ne: Zhihui Hou	
Manuscri	ipt Title: The V	alue of Quantitative Plaque Analysis Based on Coronary Computed Tomography Angiography
in Predict	ting the Percutane	ous Coronary Intervention Outcome of Chronic Total Occlusion Lesions
Manuscri	ipt number (if kno	wn):QIMS-22-428
related to	o the content of yo	ncy, we ask you to disclose all relationships/activities/interests listed below that are our manuscript. "Related" means any relation with for-profit or not-for-profit third by the content of the manuscript. Disclosure represents a commitment

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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	

5	Payment or honoraria for	XNone				
	lectures, presentations, speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	X None				
	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
_	Doublein ati	V No.				
9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
10	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	_XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X None				
13	financial interests	XNone				
	Please summarize the above conflict of interest in the following box: None.					
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:			

Date:	Apr. 25 th , 2022
Your Na	ne: Zhaoxi Cai
Manusci	ipt Title: The Value of Quantitative Plaque Analysis Based on Coronary Computed Tomography Angiograph
in Predic	ting the Percutaneous Coronary Intervention Outcome of Chronic Total Occlusion Lesions
	ipt number (if known): QIMS-22-428
In the in related t parties v to transp	terest of transparency, we ask you to disclose all relationships/activities/interests listed below that are to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment parency and does not necessarily indicate a bias. If you are in doubt about whether to list a hip/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.

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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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
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				
	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
_	Doublein ati	V No.				
9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
10	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	_XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X None				
13	financial interests	XNone				
	Please summarize the above conflict of interest in the following box: None.					
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:			

	te:Apr. 25 th , 2022			_
	ur Name: Taihui Yu			
Ma	nuscript Title: The Value	<u>e of Quantitative Plaque A</u>	nalysis Based on Coronary Computed Tomography An	giography
<u>in </u>	Predicting the Percutaneous	ร Coronary Intervention Oเ	tcome of Chronic Total Occlusion Lesions	_
Ma	nuscript number (if known)	:QIMS-22-428_		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperto dication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. ed in this manuscript without time limit. For all other i	sive
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
L	All support for the present	_XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			

Time frame: past 36 months

X__None

X__None

_X__None

processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

2

3

4

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_	Doublein ati	V No.	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	XNone	
	ase summarize the above c	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:Apr. 25 th , 2022	
Your Name: Haisheng Zheng	
Manuscript Title: The Value of Quantitative Plaque Analysis Based on Coronary Computed Tomography Angiography	phy
in Predicting the Percutaneous Coronary Intervention Outcome of Chronic Total Occlusion Lesions	
Manuscript number (if known): QIMS-22-428	
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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 initial	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 limit for this item.		
		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	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_	Doublein ati	V No.	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	XNone	
	ase summarize the above c	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Da	te:Apr. 25 th , 2022			_			
Yo	ur Name:Zhuozhi Dai						
Ma	nuscript Title: The Value	e of Quantitative Plaque A	nalysis Based on Coronary Computed Tomography An	giography			
<u>in I</u>	in Predicting the Percutaneous Coronary Intervention Outcome of Chronic Total Occlusion Lesions						
Ma	nuscript number (if known)	:QIMS-22-428_					
related to the mean of the mea	ated to the content of your ries whose interests may be transparency and does not reationship/activity/interest, at following questions apply muscript only. The author's relationships/activity epidemiology of hyperteredication, even if that medication,	manuscript. "Related" me affected by the content of the author's relationsh divities/interests should be ension, you should declare ation is not mentioned in apport for the work reporter	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertended in the properties of antihypertenses.	nt tains sive			
		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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		Time frame: past	t 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None					

Royalties or licenses

Consulting fees

3

4

X__None

_X__None

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_	Doublein ati	V No.	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	XNone	
	ase summarize the above c	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:Apr. 25 th , 2022	
Your Name: Zehong Yang	
Manuscript Title: The Value of Quantitative Plaque Analysis Based on Coronary Computed Tomogra	phy Angiography
in Predicting the Percutaneous Coronary Intervention Outcome of Chronic Total Occlusion Lesions	
Manuscript number (if known): QIMS-22-428	
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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNoneXNone	36 months
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	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_	Doublein ati	V No.	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
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12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	XNone	
	ase summarize the above c	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Da	te:Apr. 25 th , 2022						
Yo	ur Name: <i>Jun Shen</i>						
Ma	Manuscript Title: The Value of Quantitative Plaque Analysis Based on Coronary Computed Tomography Angiography						
	in Predicting the Percutaneous Coronary Intervention Outcome of Chronic Total Occlusion Lesions						
Ma	Manuscript number (if known): QIMS-22-428						
rel par to rel The ma	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply muscript only.	manuscript. "Related" me e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationship in the content of the author's relationship in the content of the author's relationship in the content of	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertaetall relationships with manufacturers of antihypertensive	ins			
In i	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other ite	ems,			
In i		• •	ed in this manuscript without time limit. For all other ite	ems,			
In i		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	ems,			
In i		Name all entities with whom you have this relationship or indicate	Specifications/Comments	ems,			
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In i		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)	ems,			
In i	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,			
In i	e time frame for disclosure i	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)	ems,			
In i	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,			
In i	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,			
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,			
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,			
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,			
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ems,			
In i the	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ems,			
In i	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ems,			
In i the	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ems,			
In i the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ems,			

Consulting fees

_X__None

4

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_	Doublein ati	V No.	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	XNone	
	ase summarize the above c	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Da	te: Apr. 25 th , 2022			
Yo	ur Name: Daiying Lin			_
Ma	nuscript Title: The Value	e of Quantitative Plaque A	Analysis Based on Coronary Computed Tomography An	giography
<u>in l</u>			utcome of Chronic Total Occlusion Lesions	_
	nuscript number (if known)			_
rel par to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current	
<u>ma</u>	nuscript only.			
me In i	edication, even if that medic	cation is not mentioned in	e all relationships with manufacturers of antihypertens the manuscript. ed in this manuscript without time limit. For all other i	
		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	al planning of the work	
	All account from the		ar planning of the work	
L	All support for the present manuscript (e.g., funding,	_XNone		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			

Royalties or licenses

Consulting fees

X__None

_X__None

3

4

5	Payment or honoraria for	XNone				
	lectures, presentations, speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	X None				
	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
_	Double in the Control of the Control	V No.				
9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board					
10	Leadership or fiduciary role	XNone				
10	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	_XNone				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X None				
13	financial interests	XNone				
	ase summarize the above con	onflict of interest in the fo	llowing box:			
Ple	Please place an "X" next to the following statement to indicate your agreement:					