

## ICMJE DISCLOSURE FORM

Date: 2023-4-1

Your Name: Jianchang Xie

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

Manuscript number (if known): QIMS-23-414

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Hangzhou Agricultural and Social Development Scientific Research Project	Grant No. 20220919Y066
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
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**Please summarize the above conflict of interest in the following box:**

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## ICMJE DISCLOSURE FORM

Date: 2023-4-1

Your Name: Ying He

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

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## ICMJE DISCLOSURE FORM

Date: 2023-4-1

Your Name: Hao Ji

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## ICMJE DISCLOSURE FORM

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Your Name: Qing qing Hu

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## ICMJE DISCLOSURE FORM

Date: 2023-4-1

Your Name: Senjiang Chen

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

Manuscript number (if known): QIMS-23-414

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Date: 2023-4-1

Your Name: Beibei Gao

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

Manuscript number (if known): QIMS-23-414

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## ICMJE DISCLOSURE FORM

Date: 2023-4-1

Your Name: Jianmin Yang

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

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Your Name: Xiangbo Jin

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## ICMJE DISCLOSURE FORM

Date: 2023-4-1

Your Name: Liang Zhou

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  ✓  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  ✓  </u> None	
3	Royalties or licenses	<u>  ✓  </u> None	
4	Consulting fees	<u>  ✓  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
6	Payment for expert testimony	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
8	Patents planned, issued or pending	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
11	Stock or stock options	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	

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

No conflict of interest.

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

  X   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: 2023-4-1

Your Name: Ningfu Wang

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

Manuscript number (if known): QIMS-23-414

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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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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> <input checked="" type="checkbox"/> None	
3	Royalties or licenses	<u>  </u> <input checked="" type="checkbox"/> None	
4	Consulting fees	<u>  </u> <input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
6	Payment for expert testimony	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
8	Patents planned, issued or pending	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
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11	Stock or stock options	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	

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

No conflict of interest.

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

  X   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: 2023-4-1

Your Name: Xiaoshan Tong

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

Manuscript number (if known): QIMS-23-414

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.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  </u> <input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> <input checked="" type="checkbox"/> None	
3	Royalties or licenses	<u>  </u> <input checked="" type="checkbox"/> None	
4	Consulting fees	<u>  </u> <input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
6	Payment for expert testimony	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
8	Patents planned, issued or pending	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
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11	Stock or stock options	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	

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

No conflict of interest.

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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.

## ICMJE DISCLOSURE FORM

Date: 2023-4-1

Your Name: Guoxin Tong

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

Manuscript number (if known): QIMS-23-414

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> <input checked="" type="checkbox"/> None	
3	Royalties or licenses	<u>  </u> <input checked="" type="checkbox"/> None	
4	Consulting fees	<u>  </u> <input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
6	Payment for expert testimony	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
8	Patents planned, issued or pending	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
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11	Stock or stock options	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	

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

No conflict of interest.

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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.



## ICMJE DISCLOSURE FORM

Date: 2023-4-1

Your Name: Jinyu Huang

Manuscript Title: Impact of Plaque Characteristics on Percutaneous Coronary Intervention-Related Microvascular Dysfunction: Insights from Angiographic Microvascular Resistance and Intravascular Ultrasound

Manuscript number (if known): QIMS-23-414

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Funds for International Cooperation and Exchange of the National Natural Science Foundation of China	Grant No. 62161160312
		Zhejiang Provincial Key Research and Development Program	Grant No. 2020C03018
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<u>  </u> <input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  </u> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<u>  </u> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<u>  </u> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<u>  </u> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  </u> <input checked="" type="checkbox"/> None	
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11	Stock or stock options	<u>  </u> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<u>  </u> <input checked="" type="checkbox"/> None	

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

Funds for International Cooperation and Exchange of the National Natural Science Foundation of China (Grant No. 62161160312)  
Zhejiang Provincial Key Research and Development Program(Grant No. 2020C03018)

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