

ICMJE DISCLOSURE FORM

Date: Aug 15, 2023

Your Name: Jiapeng Chu

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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.

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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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	China Scholarship Council (No.202206260277)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

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

Jiapeng Chu report grant support from China Scholarship Council (No.202206260277).

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: Aug 15, 2023

Your Name: Yan Lai

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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ICMJE DISCLOSURE FORM

Date: Aug 15, 2023

Your Name: Yian Yao

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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ICMJE DISCLOSURE FORM

Date: Aug 15, 2023

Your Name: Wen Ye

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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Date: Aug 15, 2023

Your Name: Tongqing Yao

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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Date: Aug 15, 2023

Your Name: Hao Lin

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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Date: Aug 15, 2023

Your Name: Deqiang Yuan

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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Date: Aug 15, 2023

Your Name: Fan Ping

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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ICMJE DISCLOSURE FORM

Date: Aug 15, 2023

Your Name: Guoqi Zhu

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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Date: Aug 15, 2023

Your Name: Haoran Ding

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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Date: Aug 15, 2023

Your Name: Fei Chen

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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Fei Chen reports grant support from the Shanghai Science and Technology Committee (No.22Y11909800).

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Date: Aug 15, 2023

Your Name: Wenwen Yan

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ICMJE DISCLOSURE FORM

Date: Aug 15, 2023

Your Name: Xuebo Liu

Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiological Atherosclerotic Burden in Patients With Coronary Artery Disease

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.

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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.

		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.	National Natural Science Foundation of China (No.82170346)	
		Shanghai Municipal Health Commission (No.2019LJ10)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

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

Xuebo Liu reports grant support from the National Natural Science Foundation of China (No.82170346) and Shanghai Municipal Health Commission (No.2019LJ10).

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.