| 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.

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.

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

| Jiapeng Chu report grant support from China Scholarship Council (No.202206260 | 277). |
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Please place an "X" next to the following statement to indicate your agreement:

| X_ I certify that I have answered every question | on and have not altered the | wording of any of the questions on this |
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| Date: Aug 15, 2023 | |
|--|------------|
| Your Name: Yan Lai | |
| Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiologic | <u>:al</u> |
| 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.

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.

| | | 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 | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, | None | |
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| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | None | |
| | testimony | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
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| | writing, gifts or other | | |
| 10 | services | •• | |
| 13 | Other financial or non- financial interests | None | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | |

| 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 |
| 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 <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.

| | | 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: Since the initial | pranning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 26 months |
| 2 | Grants or contracts from | None | 30 months |
| 2 | any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, | None | |
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| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | None | |
| | testimony | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 10 | services | •• | |
| 13 | Other financial or non- financial interests | None | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | |

| 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 |
| 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 <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.

| | | 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: Since the initial | planning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | None | |
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| 7 | Support for attending | None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
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| | writing, gifts or other | | |
| 10 | services | •• | |
| 13 | Other financial or non- financial interests | None | |
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| Ple | ase place an "X" next to the | following statement to in | dicate your agreement: |

| 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 |
| 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) |
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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. | None | |
| | | 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 | None | |
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| | lectures, presentations, | | |
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| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
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| 7 | Support for attending | None | |
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| 8 | Patents planned, issued or | None | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
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| 10 | Leadership or fiduciary role | None | |
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| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
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| | writing, gifts or other | | |
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| 13 | Other financial or non- financial interests | None | |
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| Ple | ase place an "X" next to the | following statement to in | dicate your agreement: |

| 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 | |
| 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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| | | 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. | None | |
| | | 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 | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | None | |
| | testimony | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
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| 13 | Other financial or non- financial interests | None | |
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| Ple | ase place an "X" next to the | following statement to in | dicate your agreement: |

| Date: Aug 15, 2023 |
|--|
| Your Name: Degiang Yuan |
| 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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| | | 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. | None | |
| | | 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 | |

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|-----|--|--------------------------------|------------------------|
| | lectures, presentations, | | |
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| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| 0 | testimony | None | |
| | testimony | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, | None | |
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| 13 | Other financial or non- financial interests | None | |
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| Ple | ase place an "X" next to the | following statement to in | dicate your agreement: |

| 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 | |
| Manuscript number (if known): | |

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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: Since the initial | planning of the work |
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| | manuscript (e.g., funding, | | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 5 | Payment or honoraria for | None | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | None | | | |
| 0 | testimony | None | | | |
| | testimony | | | | |
| 7 | Support for attending | None | | | |
| | meetings and/or travel | | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
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| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 10 | services | •• | | | |
| 13 | Other financial or non- financial interests | None | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |

| Date: Aug 15, 2023 | |
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| Your Name: Guoqi Zhu | |
| Manuscript Title: The Relationship B | etween Glycemic Risk and Longitudinal Changes in Total Physiological |
| Atherosclerotic Burden in Patients V | Vith 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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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.

| | | 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. | None | |
| | | 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 | None | | | |
|-----|---|--------------------------------|-------------|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | None | | | |
| 0 | testimony | None | | | |
| | testimony | | | | |
| 7 | Support for attending | None | | | |
| | meetings and/or travel | | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
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| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 10 | services | •• | | | |
| 13 | Other financial or non- financial interests | None | | | |
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| Ple | ase summarize the above co | onflict of interest in the fol | lowing box: | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |

| 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 |
| 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 <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 initial | planning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for | None | | | |
|-----|---|--------------------------------|-------------|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | None | | | |
| 0 | testimony | None | | | |
| | testimony | | | | |
| 7 | Support for attending | None | | | |
| | meetings and/or travel | | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
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| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 10 | services | •• | | | |
| 13 | Other financial or non- financial interests | None | | | |
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| Ple | ase summarize the above co | onflict of interest in the fol | lowing box: | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |

| Date: Aug 15, 2023 | |
|--|------|
| Your Name: Fei Chen | |
| Manuscript Title: The Relationship Between Glycemic Risk and Longitudinal Changes in Total Physiolog | ical |
| 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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|---|---|--|---|
| | | 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. | Shanghai Science and Technology Committee (No.22Y11909800) | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | 30 months |
| | any entity (if not indicated | NOTIC | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| A Consulting fees Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Payment for expert testimony Payment for expert testimony None Payment for expert testimony None Payment for attending meetings and/or travel None Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Pesceipt of equipment, materials, drugs, medical writing, gifts or other services Other financial interests Please summarize the above conflict of interest in the following box: Fei Chen reports grant support from the Shanghai Science and Technology Committee (No.22Y11909800) | | | | |
|---|----|-------------------------|--------|---|
| lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 4 | Consulting fees | None | |
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| speakers bureaus, manuscript writing or educational events 6 | 5 | | None | |
| manuscript writing or educational events 6 | | · · | | |
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| testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Receipt of financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | Nana | |
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| Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 9 | | None | |
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| in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None Receipt of equipment, None materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 40 | | N. | |
| committee or advocacy group, paid or unpaid 11 Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 10 | • | None | |
| group, paid or unpaid 11 Stock or stock options None None Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | I | | |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | • | | |
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| materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | Stock of Stock options | 140110 | _ |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | | | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | 12 | Receipt of equipment. | None | _ |
| writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | _ |
| services Other financial or non-financial interests None Please summarize the above conflict of interest in the following box: | | | | _ |
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| | | financial interests | | |
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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 form. | wording of any of the questions on this |
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| Date: Aug 15, 2023 |
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| Your Name: Wenwen Yan |
| 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. | None | | |
| | 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, | None | | |
|-----|---|---------------------------|------------------------|--|
| | manuscript writing or educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| 7 | Support for attending | None | | |
| | meetings and/or travel | | | |
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| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| 10 | Advisory Board | None | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid Stock or stock options | None | | |
| 11 | Stock of Stock Options | INUITE | | |
| 4.5 | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | | |
| | writing, gifts or other | | | |
| 12 | Services Other financial or non | None | | |
| 13 | Other financial or non- financial interests | None | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None | | | |
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| Ple | ase place an "X" next to the | following statement to in | dicate your agreement: | |

| 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 Dise | ase |
| Manuscript number (if known): | |

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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, | National Natural Science Foundation of China (No.82170346)) | | |
| | medical writing, article processing charges, etc.) No time limit for this item. | Shanghai Municipal Health Commission (No.2019LJ10) | | |
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| | Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated | None | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | None | | |

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