Date: 2023/11/19	
Your Name:	Yawen Wang
Manuscript Title: Geometric Remo	deling of Tricuspid Valve in Pulmonary Hypertension and its
Correlation with PH Severity: A Pro	ospectively Case-control Study using Four-Dimensional Automatic
<b>Tricuspid Valve Quantification Tec</b>	hnology
Manuscript number (if known): QIM	<u>/IS-23-1150</u>

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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)
	Ti	me frame: Since the initia	l 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	X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
_	0 16 11			
7	Support for attending meetings and/or travel	X None		
	Ğ			
8	Patents planned, issued	X None		
	or pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or	X_ None		
	advocacy group, paid or			
44	unpaid Stock or stock options	V N		
11	Stock of Stock options	_X_ None		
12	Receipt of equipment,	V None		
14	materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	X None		

None.			

Please place an "X" next to the following statement to indicate your agreement:		
$\underline{X}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date: 2023/11/19
Your Name: Zhenhui Zhu
Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its
Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic
Tricuspid Valve Quantification Technology
Manuscript number (if known): QIMS-23-1150

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manuscript only.

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		needed)		
	Ti	me frame: Since the initia	planning of the work	
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	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	_X_ None	
6	Payment for expert testimony	_X_ None	
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or pending	X_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_ None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	_X_ None	

None.

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.		

Date: <u>2023/11/19</u>		
Your Name:	Lili Niu	
Manuscript Title: G	Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its	
_	H Severity: A Prospectively Case-control Study using Four-Dimensional Autor	matic
Tricuspid Valve Qu	uantification Technology	
Manuscript numbe	er (if known): QIMS-23-1150	

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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	
	·		
4	Consulting fees	None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
_	0 16 11		
7	Support for attending meetings and/or travel	X None	
	<b>3</b>		
8	Patents planned, issued	X None	
	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X_ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
44	unpaid Stock or stock options	V N	
11	Stock of Stock options	_X_ None	
12	Receipt of equipment,	V None	
14	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:		
$\underline{X}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date: 2023/11/19	
Your Name:	Bingyang Liu
Manuscript Title: Geometric Pemed	 eling of Tricuspid Valve in Pulmonary Hypertension and its
	spectively Case-control Study using Four-Dimensional Automatic
Tricuspid Valve Quantification Tech	
Tricuspid valve Quantification recit	noiogy
Manuscript number (if known): QIM	S-23-1150

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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	
	·		
4	Consulting fees	None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
_	0 16 11		
7	Support for attending meetings and/or travel	X None	
	<b>3</b>		
8	Patents planned, issued	X None	
	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X_ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
44	unpaid Stock or stock options	V N	
11	Stock of Stock options	_X_ None	
12	Receipt of equipment,	V None	
14	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

Ple	Please place an "X" next to the following statement to indicate your agreement:				
	$\underline{X}$ 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				
Da	te: <u>2023/11/19</u>				
	ur Name: Jingru Lin				
Co	nuscript Title: <u>Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its</u> rrelation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic cuspid Valve Quantification Technology				
Ma	nuscript number (if known): QIMS-23-1150				
that rel thin part to rel The cu	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				
manuscript only.  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.  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 Specifications/Comments				
	whom you have this relationship or indicate none (add rows as needed)  specifications/confinents (e.g., if payments were made to you or to your institution)				

	Ti	me frame: Since the initia	l 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, manuscript writing or	_X_ None	
	educational events		
6	Payment for expert testimony	_X_ None	
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or pending	_X_ None	
9	Participation on a Data Safety Monitoring Board	_X_ None	
10	or Advisory Board  Leadership or fiduciary	V Name	
10	role in other board, society, committee or advocacy group, paid or unpaid	_X_ None	
11	Stock or stock options	_X_ None	
12	Receipt of equipment,	_X_ None	
_	materials, drugs, medical writing, gifts or other		
10	services Other financial or non-	V	
13	Other illiancial of fiori-	X None	

Ple	ease summarize the above	ve conflict of interest ir	the following box:	
	None.			
Ρle	ease place an "X" next to	the following stateme	nt to indicate your agreemen	t:
	estions on this	nswered every question	n and have not altered the wo	ording of any of the
	form.			

financial interests

Date: 2023/11/19		_
Your Name:	Minjie Lu	
Manuscript Title: Ge	ometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its	
<b>Correlation with PH</b>	Severity: A Prospectively Case-control Study using Four-Dimensional Automa	atic_
Tricuspid Valve Qua	ntification Technology	_
		<u> </u>
Manuscript number	(if known): QIMS-23-1150	

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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	
	·		
4	Consulting fees	None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
_	0 16 11		
7	Support for attending meetings and/or travel	X None	
	Ğ		
8	Patents planned, issued	X None	
	or pending		
9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X_ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
44	unpaid Stock or stock options	V N	
11	Stock of Stock options	_X_ None	
12	Receipt of equipment,	V None	
14	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

Ple	ase 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 stions on this form.
	ICMJE DISCLOSURE FORM
Da	e: <u>2023/11/19</u>
Yo	r Name: Changming Xiong
Ma	nuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its
	relation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic
<u>Tri</u>	uspid Valve Quantification Technology
Ma	nuscript number (if known): QIMS-23-1150
tha	ne interest of transparency, we ask you to disclose all relationships/activities/interests listed below tare tare ted to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit
thi pa	
to	ransparency and does not necessarily indicate a bias. If you are in doubt about whether to list a tionship/activity/interest, it is preferable that you do so.
<u>cu</u>	following questions apply to the author's relationships/activities/interests as they relate to the rent only.
ре	author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript tains
	he epidemiology of hypertension, you should declare all relationships with manufacturers of hypertensive medication, even if that medication is not mentioned in the manuscript.
	em #1 below, report all support for the work reported in this manuscript without time limit. For all er items,
	time frame for disclosure is the past 36 months.
	Name all entities with Specifications/Comments
	whom you have this relationship or indicate institution)
	none (add rows as needed)

	Ti	me frame: Since the initia	l planning of the work
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		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	_X_ None	
	educational events		
6	Payment for expert testimony	_X_ None	
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or pending	_X_ None	
9	Participation on a Data Safety Monitoring Board	_X_ None	
10	or Advisory Board  Leadership or fiduciary	V Name	
10	role in other board, society, committee or advocacy group, paid or unpaid	_X_ None	
11	Stock or stock options	_X_ None	
12	Receipt of equipment,	_X_ None	
_	materials, drugs, medical writing, gifts or other		
10	services Other financial or non-	V	
13	Other illiancial of fiori-	X None	

Ple	ease summarize the above	ve conflict of interest ir	the following box:	
	None.			
Ρle	ease place an "X" next to	the following stateme	nt to indicate your agreemen	t:
	estions on this	nswered every question	n and have not altered the wo	ording of any of the
	form.			

financial interests

Date: 2023/11/19
Your Name: Jiangtao Wang
Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its
Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic
Tricuspid Valve Quantification Technology

Manuscript number (if known): QIMS-23-1150

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		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	_X_ None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_ None	
8	Patents planned, issued or pending	_X_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	GE Healthcare	

	Jiangtao Wang reports th	at she is from GE Healthcare and	provides technical support for the study
--	--------------------------	----------------------------------	--

Please place an "X" next	to the following stateme	nt to indicate your agreement:	
X I certify that I have a questions on this form.	answered every question	and have not altered the wording of any of the	
ICMJE DI	SCLOSURE FORM		
Date: 2023/11/19			
Your Name:	Yuqi Cai		-
	rity: A Prospectively Case	pid Valve in Pulmonary Hypertension and its e-control Study using Four-Dimensional Automa	<u>tic</u> -
Manuscript number (if known	own): QIMS-23-1150		
that are related to the content of y third parties whose interests m commitment to transparency and does relationship/activity/interest.  The following questions as	your manuscript. "Relate may be affected by the co s not necessarily indicate est, it is preferable that y	lose all relationships/activities/interests listed bed" means any relation with for-profit or not-for-potent of the manuscript. Disclosure represents a a bias. If you are in doubt about whether to list ou do so.	orofit a a
current manuscript only.			
pertains to the epidemiology of hy	pertension, you should d	uld be <u>defined broadly</u> . For example, if your man eclare all relationships with manufacturers of on is not mentioned in the manuscript.	uscript
In item #1 below, report a other items, the time frame for disclos		eported in this manuscript without time limit. For	r all
	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.,	None	
	funding, 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 any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
	0 111 6	N.	
4	Consulting fees	None	
5	Payment or honoraria for	_X_ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	_X_ None	
	Detents olegened in sort		
8	Patents planned, issued or pending	X None	
9	Participation on a Data	V Name	
9	Safety Monitoring Board	_X_ None	
	or Advisory Board		
10	Leadership or fiduciary	X None	
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	_X_ None	
	·		
12	Receipt of equipment, materials, drugs, medical	_X_ None	
	writing, gifts or other		
13	services Other financial or non-	V None	
13	financial interests	_X_ None	

1	lone.
Ple	ase 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 estions on this form.

Date: 2023/11/19	
Your Name:	Hao Wang
Manuscript Title: Ge	ometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its
<b>Correlation with PH</b>	Severity: A Prospectively Case-control Study using Four-Dimensional Automatic
<b>Tricuspid Valve Qua</b>	ntification Technology
Manuscript number	(if known): QIMS-23-1150

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

None.			

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.

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Date: 2023/11/19

Your Name: Weichun Wu

Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic

Tricuspid Valve Quantification Technology

Manuscript number (if known): QIMS-23-1150

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