υaι	e:06-09-2023		
	r Name: Ting Wa	ng	
Maı	nuscript Title: My	ocardial extracellular vol	ume derived from contrast-enhanced chest computed
tom	ography in longitudinal eva	luation of cardiac toxicity	in patients treated with immune checkpoint inhibitors
Maı	nuscript number (if known):		
			
In tl	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
		•	ans any relation with for-profit or not-for-profit third
			of the manuscript. Disclosure represents a commitment
-	-	•	If you are in doubt about whether to list a
	tionship/activity/interest, it	•	•
	· · · · · · · · · · · · · · · · · · ·		
The	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
	nuscript only.		, , , ,
The	author's relationships/activ	vities/interests should be	defined broadly. For example, if your manuscript pertains
	•		all relationships with manufacturers of antihypertensive
	dication, even if that medica	· •	•
In it	em #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all other items,
	time frame for disclosure is	· · · · · · · · · · · · · · · · · · ·	,
		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 initi	al 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.		
	No time limit for this item.		
		- : (1.25
2		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
3	Royalues of licenses	None	

Consulting fees

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	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
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		
11	group, paid or unpaid	Nana	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests	_	

None			

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

υaι	e:uo-u9-zuz3		
You	r Name: Bing Ou	yang	
			ume derived from contrast-enhanced chest computed
tom	ography in longitudinal eva	luation of cardiac toxicity	in patients treated with immune checkpoint inhibitors
	nuscript number (if known):	•	·
In tl	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
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-	-	•	If you are in doubt about whether to list a
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The	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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	dication, even if that medica	· •	•
In it	em #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all other items,
	time frame for disclosure is	•	
••••		the past so months.	
		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 initi	al planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		- : (
2		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
3	Royalties of licenses	None	

Consulting fees

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

None			

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

υat	e:06-09-2023		
You	r Name: Long Tai	ng	
Mai	nuscript Title: My	ocardial extracellular volu	ime derived from contrast-enhanced chest computed
tom	ography in longitudinal eva	luation of cardiac toxicity i	in patients treated with immune checkpoint inhibitors
Mar	nuscript number (if known):		
In tl	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
rela	ted to the content of your n	nanuscript. "Related" mea	ns any relation with for-profit or not-for-profit third
part	ties whose interests may be	affected by the content of	f the manuscript. Disclosure represents a commitment
to t	ransparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do	so.
		o the author's relationship	os/activities/interests as they relate to the <u>current</u>
<u>mar</u>	nuscript only.		
	• •		defined broadly. For example, if your manuscript pertains
		· ·	all relationships with manufacturers of antihypertensive
med	dication, even if that medica	tion is not mentioned in ti	ne manuscript.
			Production of the Color of the Production of the Color of
		•	I in this manuscript without time limit. For all other items,
tne	time frame for disclosure is	the past 36 months.	
		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	al 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.		
		Time frame: pas	t 36 months
2	Grants or contracts from	None	t 30 months
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

Consulting fees

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	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
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		
11	group, paid or unpaid	A.I.	
11	Stock or stock options	None	
12	Descript of annium and	News	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	INUITE	
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None			

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

υat	e:06-09-2023		
	ır Name: Luchun I		
Ma	nuscript Title: My	ocardial extracellular volu	ime derived from contrast-enhanced chest computed
tom	nography in longitudinal eva	luation of cardiac toxicity	in patients treated with immune checkpoint inhibitors
Ma	nuscript number (if known):		
rela par to t rela The <u>mar</u>	ited to the content of your naties whose interests may be ransparency and does not notionship/activity/interest, it following questions apply the nuscript only.	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship wities/interests should be g	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. os/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
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me	dication, even if that medica	tion is not mentioned in t	he manuscript.
		•	d 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	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	institution,
		needed)	
		Time frame: Since the initia	l 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.		
		Time frame: pas	t 36 months
2	Grants or contracts from	None	1 30 Months
_	any entity (if not indicated	IVOITC	
	in item #1 above).		
3			
	Royalties or licenses	None	
3	Royalties or licenses	None	
,	Royalties or licenses	None	

Consulting fees

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

None			

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

Date	::06-09-2023		
You	· Name: Yixiu Liu		
Man	uscript Title: My	ocardial extracellular volu	me derived from contrast-enhanced chest computed
tom	ography in longitudinal eva	luation of cardiac toxicity i	n patients treated with immune checkpoint inhibitors
Man	uscript number (if known):		
relat part to tr relat The man to th med	ted to the content of your name ies whose interests may be ansparency and does not not ionship/activity/interest, it following questions apply touscript only. Buthor's relationships/activity endemiology of hyperterication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship wities/interests should be go nsion, you should declare a tion is not mentioned in the	destrictions interests as they relate to the current defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
		•	l in this manuscript without time limit. For all other items,
the t	ime frame for disclosure is	the past 36 months.	
		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
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.		
		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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Consulting fees

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	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
4.5	services		
13	Other financial or non-	None	
	financial interests		

None			

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