| Date: | Mar. 4 th ,2021 | |
|-------------------------|----------------------------|---|
| Your Name: | Ying Bai | |
| Manuscript ³ | Title:Validating | Scores Predicting Atrial Fibrillation (AF) Recurrence Post Catheter Ablation in Patients with |
| Concurrent A | AF and Pulmona | ry Diseases. |
| Manuscript | number (if know | vn):APM-21-437 |

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 | 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 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 (81800291) Beijing Hospitals Authority Youth Programme (QML20180207) | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |

| | in item #1 above). | | |
|----|---|--------|--|
| 3 | Royalties or licenses | _XNone | |
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| 4 | Consulting fees | _XNone | |
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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | 5 , | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 40 | Advisory Board | V N | |
| 10 | Leadership or fiduciary role in other board, society, | _XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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Please summarize the above conflict of interest in the following box:

| None | | | |
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| ease place an "X" next to the following statement to indicate your agreement: |
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| 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:Mar. 4 th ,2021 |
|---|
| Your Name:Zhen-zhou Wang |
| Manuscript Title: Validating Scores Predicting Atrial Fibrillation (AF) Recurrence Post Catheter Ablation in Patients w |
| Concurrent AF and Pulmonary Diseases. |
| Manuscript number (if known):APM-21-437 |

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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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|------------------------------|---------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | Porticipation on a Data | V None | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| -0 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
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| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| PIE | ease summarize the above c | onflict of interest in the f | ollowing box: |
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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, | XNone | |
| | 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 | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _XNone | |
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| 4 | Consulting fees | _XNone | |
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| 5 | Payment or honoraria for | XNone | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| _ | | V N | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | Stock of Stock options | | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
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| Date:Mar | r. 4 th ,2021 |
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| Your Name: | Shi-Dong Guo |
| Manuscript Title | :Validating Scores Predicting Atrial Fibrillation (AF) Recurrence Post Catheter Ablation in Patients with |
| Concurrent AF a | nd Pulmonary Diseases. |
| Manuscript num | ber (if known):APM-21-437 |

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

| 5 | Payment or honoraria for | XNone | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | Porticipation on a Data | V None | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| -0 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| PIE | ease summarize the above c | onflict of interest in the f | ollowing box: |
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| Your Name:José Mi | | | | | | |
|---------------------------|--------------------|------------------|------------------|------------------------------|------------------|----------------|
| Manuscript Title:V | alidating Scores P | redicting Atrial | Fibrillation (AF | Recurrence | Post Catheter | · Ablation in |
| Patients with Concurrent | AF and Pulmonary | y Diseases | | | | |
| Manuscript number (if kı | own):APM-21 | -437 | | | | |
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| In the interest of transp | arency, we ask yo | u to disclose al | I relationships/ | activities/inte | erests listed be | low that are |
| related to the content | f vour manuscrin | t "Polated" me | anc any rolatio | n with for n | rofit or not-fo | r_nrofit thire |

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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. | XNone | |
| | Grants or contracts from | Time frame: past Sociedad Española de Trombosis y Hemostasia Council on Basic | Payments were made to me |
| 2 | any entity (if not indicated in item #1 above). | Cardiovascular Science from the European Society of Cardiology | Payments were made to me |
| 3 | Royalties or licenses | XNone | |

| | Companishing for a | XNone | |
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| 4 | Consulting fees | | |
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| | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| 5 | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| _ | Payment for expert | XNone | |
| 6 | testimony | | |
| | | | |
| | | XNone | |
| 7 | Support for attending | | |
| | meetings and/or travel | | |
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| | Patents planned, issued or pending | XNone | |
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| | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
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| | Leadership or fiduciary role in other board, society, | XNone | |
| 10 | | | |
| 10 | committee or advocacy | | |
| | group, paid or unpaid | | |
| | Stock or stock options | XNone | |
| 11 | Stock of Stock options | | |
| | | | |
| | Receipt of equipment, | XNone | |
| 12 | materials, drugs, medical | | |
| 12 | writing, gifts or other | | |
| | services | | |
| | Other financial or non- | XNone | |
| 13 | financial interests | | |
| | | | |

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

José Miguel Rivera-Caravaca has received a grant from Sociedad Española de Trombosis y Hemostasia (grant for short international training stays 2020) and the First Contact Initiative Grant 2020 from the European Society of Cardiology Council on Basic Cardiovascular Science.

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

| Date:Mar. 4 th ,2021 |
|--|
| Your Name:Yue-li Wang |
| Manuscript Title: Validating Scores Predicting Atrial Fibrillation (AF) Recurrence Post Catheter Ablation in Patients with |
| Concurrent AF and Pulmonary Diseases. |
| Manuscript number (if known):APM-21-437 |

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| | | 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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | National Natural Science Foundation of China (81501486) | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | _XNone | |

| 4 | Consulting fees | _XNone | |
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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid | V None | |
| 11 | Stock or stock options | _XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | XNOTIE | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Г | ease summarize the above c | onflict of interest in the | e following box: |
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| _X I certify that I have ans form. | wered every question and | have not altered the wor | ding of any of the quest | tions on this |
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| Date:Mar. 4 th ,2021 |
|--|
| Your Name:Yuan-Yuan Jin |
| Manuscript Title:Validating Scores Predicting Atrial Fibrillation (AF) Recurrence Post Catheter Ablation in Patients wit |
| Concurrent AF and Pulmonary Diseases. |
| Manuscript number (if known):APM-21-437 |
| • |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|-------------------------------|--------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| _ | | V N | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | Stock of Stock options | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Ple | ease summarize the above co | onflict of interest in the fo | llowing box: |
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| Date: | Mar. 4 th ,2021_ | |
|--------------|-----------------------------|---|
| Your Name:_ | Yue Liu _ | - |
| Manuscript 1 | Γitle:Validating | Scores Predicting Atrial Fibrillation (AF) Recurrence Post Catheter Ablation in Patients with |
| Concurrent A | AF and Pulmon | ary Diseases. |
| Manuscript ı | number (if kno | wn):APM-21-437 |

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, | XNone | | | | | |
| | 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 | XNone | | | | | |
| | any entity (if not indicated | | | | | | |
| | in item #1 above). | | | | | | |
| 3 | Royalties or licenses | _XNone | | | | | |
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| 4 | Consulting fees | _XNone | | | | | |
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| 5 | Payment or honoraria for | XNone | | | | |
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| | lectures, presentations, | | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| | educational events | | | | | |
| 6 | Payment for expert | XNone | | | | |
| | testimony | | | | | |
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| 7 | Support for attending meetings and/or travel | XNone | | | | |
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| 8 | Patents planned, issued or | XNone | | | | |
| | pending | | | | | |
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| 9 | Participation on a Data | XNone | | | | |
| | Safety Monitoring Board or | | | | | |
| | Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | _XNone | | | | |
| | in other board, society, committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | X None | | | | |
| | Stock of Stock options | | | | | |
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| 12 | Receipt of equipment, | X None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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