ate:_June 21, 2021	
our Name: Yuqiao Chen	
lanuscript Title: Efficacy and safety of Xa inhibitors in patients with heart failure and coronary or peripheral arte isease: a systematic review and meta-analysis of randomized controlled trials	ry

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</u> <u>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.		
		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	

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

There is no conflict of interest to declare

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

Date:_June 21, 2021	
Your Name: Xiu Feng	
Manuscript Title: Efficacy and safety of Xa inhibitors in patients with heart failure and coronary or peripheral ar	tery
disease: a systematic review and meta-analysis of randomized controlled trials	

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</u> <u>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.		
		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	

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

There is no conflict of interest to declare

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

ate:_June 21, 2021	
our Name: Chenliang Qi	
lanuscript Title: Efficacy and safety of Xa inhibitors in patients with heart failure and coronary or peripheral arter isease: a systematic review and meta-analysis of randomized controlled trials	ry

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</u> <u>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.	√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	

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

There is no conflict of interest to declare

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

Date:_June 21, 2021	
Your Name: Lingfeng Zhou	
Manuscript Title: Efficacy and safety of Xa inhibitors in patients with heart failure and coronary or peripheral a disease: a systematic review and meta-analysis of randomized controlled trials	rtery

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</u> <u>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)
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.	Time frame: Since the initial	
-		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	

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

There is no conflict of interest to declare

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

Date:_June 21, 2021	
Your Name: Yi Sun	
Manuscript Title: Efficacy and safety of Xa inhibitors in patients with heart failure and coronary or peripheral arte	ry
disease: a systematic review and meta-analysis of randomized controlled trials	

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</u> <u>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)
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.	Time frame: Since the initial	
		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	
4	consulting lees	√None	

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

There is no conflict of interest to declare

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

Date:_June 21, 2021	
/our Name: Zhenhua Gu	
Manuscript Title: Efficacy and safety of Xa inhibitors in patients with heart failure and coronary or peripheral ar	rtery
lisease: a systematic review and meta-analysis of randomized controlled trials	

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</u> <u>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.	√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	

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

There is no conflict of interest to declare

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

Date:_June 21, 2021	
Your Name: Xiaolong Li	
Manuscript Title: Efficacy and safety of Xa inhibitors in patients with heart failure and coronary or periphera disease: a systematic review and meta-analysis of randomized controlled trials	l artery

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</u> <u>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.)	√None	
	No time limit for this item.		
		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 testimony	√None
7	Support for attending meetings and/or travel	√None
8	Patents planned, issued or pending	√None
9	Participation on a Data Safety Monitoring Board or Advisory Board	√None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	√None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None
13	Other financial or non- financial interests	√None

There is no conflict of interest to declare

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