

ICMJE DISCLOSURE FORM

Date: 11/22/2021

Your Name: Kai Lin

Manuscript Title: Deep Learning for the identification of pre- and post-capillary pulmonary hypertension on cine MRI

Manuscript number (if known): JMAI-21-27-CL

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 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.	Bayer pharmaceutical	The grant was paid to the institution, not to individual researchers.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institutes of Health	The grant was paid to the institution. KL was supported by the grant.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

This study was partly supported by Bayer pharmaceutical. The grant was paid to the institution, not to individual researchers. KL was supported by grants from the National Institutes of Health (K01HL121162 and R03HL144891)

Please 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 questions on this form.

ICMJJE DISCLOSURE FORM

Date: 11/25/2021 _____

Your Name: Roberto Sarnari _____

Manuscript Title: Deep Learning for the identification of pre- and post-capillary pulmonary hypertension on cine MRI

Manuscript number (if known): JMAI-21-27 _____

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Time frame: past 36 months			
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N/A

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ICMJE DISCLOSURE FORM

Date: 11/25/2021_____

Your Name: Ashitha Pathrose_____

Manuscript Title: Deep Learning for the identification of pre- and post-capillary pulmonary hypertension on cine MRI

Manuscript number (if known): JMAI-21-27_____

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ICMJE DISCLOSURE FORM

Date: 11/25/2021_____

Your Name: Daniel Z. Gordon_____

Manuscript Title: Deep Learning for the identification of pre- and post-capillary pulmonary hypertension on cine MRI_____

Manuscript number (if known): JMAI-21-27_____

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Time frame: past 36 months			
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3	Royalties or licenses	__x__ None	
4	Consulting fees	__x__ None	

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ICMJE DISCLOSURE FORM

Date: 11/25/2021_____

Your Name: Michael Markl_____

Manuscript Title: Deep Learning for the identification of pre- and post-capillary pulmonary hypertension on cine MRI

Manuscript number (if known): JMAI-21-27_____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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N/A

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ICMJE DISCLOSURE FORM

Date: 11/25/2021_____

Your Name: James Carr_____

Manuscript Title: Deep Learning for the identification of pre- and post-capillary pulmonary hypertension on cine MRI

Manuscript number (if known): JMAI-21-27_____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>x</u> <u>None</u>	
3	Royalties or licenses	<u>_</u> <u>x</u> <u>None</u>	
4	Consulting fees	<u>_</u> <u>x</u> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Siemes, Bayer, Brocco, Guerbet	The grants was paid to the institution.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

This study was supported by Bayer Pharmaceutical. The grant was paid to the institution not to individual investigators.
Siemens: research grant to institution; advisory board
Bayer: research grant to institution; advisory board; speaker
Bracco: advisory board
Guerbet: research grant to institution

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