| Date:_11/06/2021   |   |
|--|---|
| Your Name:_Yuqi Zhou   |   |
| Manuscript Title:_Main pulmonary artery enlargement predicts 90-day readmissions in Chinese COPD |   |
| patients   |   |
| Manuscript number (if known):JTD-21-344  | - |

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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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate   | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |  |  |
|---|--|--|---|--|--|
|   |  | none (add rows as<br>needed)   |   |  |  |
|   |  | Time frame: Since the initial  | planning of the work  |  |  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Guangzhou Science and<br>Technology Project Fund<br>(201709010040) and<br>Guangdong Medical<br>Research Foundation (No.<br>A2019062) | Our department was provided with research funds.  |  |  |
|   | Time frame: past 36 months   |  |   |  |  |
| 2 | Grants or contracts from<br>any entity(if not indicated in<br>item #1 above).  | XNone  |   |  |  |

| 3  | Royalties or licenses                                 | XNone  |
|----|---|--------|
|    |   |        |
| 4  | Consulting food                                       | V. No. |
| 4  | Consulting fees                                       | XNone  |
|    |   |        |
| 5  | Payment or honoraria for                              | X None |
| 5  | lectures, presentations,                              |        |
|    | speakers bureaus,                                     |        |
|    | manuscript writing or                                 |        |
|    | educational events                                    |        |
| 6  | Payment for expert                                    | XNone  |
|    | testimony   |        |
| 7  | Support for attending                                 | XNone  |
| /  | meetings and/or travel                                |        |
|    |   |        |
|    |   |        |
|    |   |        |
| 8  | Patents planned, issued or                            | XNone  |
|    | pending   |        |
| 0  |   | V      |
| 9  | Participation on a Data<br>Safety Monitoring Board or | XNone  |
|    | Advisory Board  |        |
| 10 | Leadership or fiduciary role                          | X None |
|    | in other board, society,                              |        |
|    | committee or advocacy                                 |        |
|    | group, paid or unpaid                                 |        |
| 11 | Stock or stock options                                | XNone  |
|    |   |        |
| 42 |   | V. AL  |
| 12 | Receipt of equipment,<br>materials, drugs, medical    | XNone  |
|    | writing, gifts or other                               |        |
|    | services  |        |
| 13 | Other financial or non-                               | XNone  |
|    | financial interests                                   |        |
|    |   |        |

Date:\_11/06/2021\_

Your Name:\_MohamedNoorul Arafath Thanathi Mohamed Ameen\_\_\_\_\_ Manuscript Title:\_Main pulmonary artery enlargement predicts 90-day readmissions in Chinese COPD patients\_\_\_\_\_\_

Manuscript number (if known):\_\_\_\_\_\_JTD-21-344\_\_\_

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

| Date:_11/06/2021   |
|--|
| Your Name:_Wenjuan Li  |
| Manuscript Title:_Main pulmonary artery enlargement predicts 90-day readmissions in Chinese COPD |
| patients   |
| Manuscript number (if known):JTD-21-344  |

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/interestsas 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   | Specifications/Comments                                     |  |  |
|---|--|--|---|--|--|
|   |  | whom you have this<br>relationship or indicate   | (e.g., if payments were made to you or to your institution) |  |  |
|   |  | none (add rows as  |   |  |  |
|   |  | needed)  |   |  |  |
|   |  | Time frame: Since the initial  | planning of the work  |  |  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Guangzhou Science and<br>Technology Project Fund<br>(201709010040) and<br>Guangdong Medical<br>Research Foundation (No.<br>A2019062) | Our department was provided with research funds.            |  |  |
|   | 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  |  |
|----|---|--------|--|
|    |   |        |  |
|    |   |        |  |
| 4  | Consulting fees                                   | XNone  |  |
|    |   |        |  |
| _  |   | V N    |  |
| 5  | Payment or honoraria for lectures, presentations, | XNone  |  |
|    | speakers bureaus,                                 |        |  |
|    | manuscript writing or                             |        |  |
|    | educational events                                |        |  |
| 6  | Payment for expert                                | X None |  |
|    | testimony   |        |  |
|    |   |        |  |
| 7  | Support for attending<br>meetings and/or travel   | XNone  |  |
|    | <b>U</b> .  |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or                        | X_None |  |
|    | pending   |        |  |
|    |   |        |  |
| 9  | Participation on a Data                           | XNone  |  |
|    | Safety Monitoring Board or<br>Advisory Board      |        |  |
| 10 | Leadership or fiduciary role                      | X None |  |
| 10 | in other board, society,                          |        |  |
|    | 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<br>services               |        |  |
| 13 | Other financial or non-                           | X_None |  |
|    | financial interests                               |        |  |
|    |   |        |  |

| Date:_11/06/2021   |  |
|--|--|
| Your Name:Dingyun Feng   |  |
| Manuscript Title:_Main pulmonary artery enlargement predicts 90-day readmissions in Chinese COPD |  |
| patients   |  |
| Manuscript number (if known):JTD-21-344  |  |

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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|   |  | Name all entities with   | Specifications/Comments                                     |  |  |
|---|--|--|---|--|--|
|   |  | whom you have this<br>relationship or indicate   | (e.g., if payments were made to you or to your institution) |  |  |
|   |  | none (add rows as  |   |  |  |
|   |  | needed)  |   |  |  |
|   |  | Time frame: Since the initial  | planning of the work  |  |  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Guangzhou Science and<br>Technology Project Fund<br>(201709010040) and<br>Guangdong Medical<br>Research Foundation (No.<br>A2019062) | Our department was provided with research funds.            |  |  |
|   | 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     |
|-----|---|-----------|
|     |   |           |
|     |   |           |
| 4   | Consulting fees                                       | XNone     |
|     |   |           |
| -   | Deverage and an how even in fam                       | N. Alexan |
| 5   | Payment or honoraria for lectures, presentations,     | XNone     |
|     | speakers bureaus,                                     |           |
|     | manuscript writing or                                 |           |
|     | educational events                                    |           |
| 6   | Payment for expert                                    | _XNone    |
|     | testimony   |           |
|     |   |           |
| 7   | Support for attending<br>meetings and/or travel       | XNone     |
|     |   |           |
|     |   |           |
|     |   |           |
| 8   | Patents planned, issued or                            | XNone     |
|     | pending   |           |
| 0   |   |           |
| 9   | Participation on a Data<br>Safety Monitoring Board or | XNone     |
|     | Advisory Board  |           |
| 10  | Leadership or fiduciary role                          | X None    |
| 10  | in other board, society,                              |           |
|     | committee or advocacy                                 |           |
|     | group, paid or unpaid                                 |           |
| 11  | Stock or stock options                                | XNone     |
|     |   |           |
| 4.5 |   |           |
| 12  | Receipt of equipment,                                 | _XNone    |
|     | materials, drugs, medical<br>writing, gifts or other  |           |
|     | services  |           |
| 13  | Other financial or non-                               | XNone     |
|     | financial interests                                   |           |
|     |   |           |

| Date:_11/06/2021   |  |
|--|--|
| Your Name:Hailing Yang   |  |
| Manuscript Title:_Main pulmonary artery enlargement predicts 90-day readmissions in Chinese COPD |  |
| patients   |  |
| Manuscript number (if known):JTD-21-344  |  |

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|   |  | Name all entities with   | Specifications/Comments                                     |
|---|--|--|---|
|   |  | whom you have this<br>relationship or indicate   | (e.g., if payments were made to you or to your institution) |
|   |  | none (add rows as  |   |
|   |  | needed)  |   |
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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  |
|----|---|--------|
|    |   |        |
|    |   |        |
| 4  | Consulting fees                                   | XNone  |
|    |   |        |
| _  | -   |        |
| 5  | Payment or honoraria for                          | XNone  |
|    | lectures, presentations,<br>speakers bureaus,     |        |
|    | manuscript writing or                             |        |
|    | educational events                                |        |
| 6  | Payment for expert                                | X None |
|    | testimony   |        |
|    | 2   |        |
| 7  | Support for attending                             | XNone  |
|    | meetings and/or travel                            |        |
|    |   |        |
|    |   |        |
|    |   |        |
| 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,<br>committee or advocacy |        |
|    | group, paid or unpaid                             |        |
| 11 | Stock or stock options                            | X None |
|    |   |        |
|    |   |        |
| 12 | Receipt of equipment,                             | XNone  |
|    | materials, drugs, medical                         |        |
|    | writing, gifts or other                           |        |
|    | services  |        |
| 13 | Other financial or non-                           | XNone  |
|    | financial interests                               |        |
|    |   |        |

| Date:_11/06/2021  |  |  |  |
|---|--|--|--|
| Your Name:Xiao-Ling Zou   |  |  |  |
| Manuscript Title:_Main pulmonary artery enlargement predicts 90-day readmissions in Chinese COPD patients |  |  |  |
| Manuscript number (if known): JTD-21-344  |  |  |  |

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|---|--|--|--|
|   |  | whom you have this   | (e.g., if payments were made to you or to your   |
|   |  | relationship or indicate   | institution)                                     |
|   |  | none (add rows as  |  |
|   |  | needed)  |  |
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|   |  | Time frame: past   | 36 months  |
| 2 | Grants or contracts from<br>any entity(if not indicated in<br>item #1 above).  | XNone  |  |

| 3  | Royalties or licenses                                 | XNone   |  |
|----|---|---------|--|
|    |   |         |  |
|    |   |         |  |
| 4  | Consulting fees                                       | X_None  |  |
|    |   |         |  |
| -  | Deursent er henererie fer                             | V None  |  |
| 5  | Payment or honoraria for lectures, presentations,     | XNone   |  |
|    | speakers bureaus,                                     |         |  |
|    | manuscript writing or                                 |         |  |
|    | educational events                                    |         |  |
| 6  | Payment for expert                                    | XNone   |  |
|    | testimony   |         |  |
|    |   |         |  |
| 7  | Support for attending<br>meetings and/or travel       | XNone   |  |
|    |   |         |  |
|    |   |         |  |
|    |   |         |  |
| 8  | Patents planned, issued or                            | XNone   |  |
|    | pending   |         |  |
| 0  | Deutisia stiene en e Dete                             | News    |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or | None    |  |
|    | Advisory Board  |         |  |
| 10 | Leadership or fiduciary role                          | X None  |  |
|    | in other board, society,                              |         |  |
|    | committee or advocacy                                 |         |  |
|    | group, paid or unpaid                                 |         |  |
| 11 | Stock or stock options                                | XNone   |  |
|    |   |         |  |
| 12 | Descipt of any inclusion                              | V. News |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical    | XNone   |  |
|    | writing, gifts or other                               |         |  |
|    | services  |         |  |
| 13 | Other financial or non-                               | XNone   |  |
|    | financial interests                                   |         |  |
|    |   |         |  |

| Date:_11/06/2021   |           |  |
|--|-----------|--|
| Your Name:Shaozhu Wu   |           |  |
| Manuscript Title:_Main pulmonary artery enlargement predicts 90-day readmissions in Chinese COPD |           |  |
| patients   |           |  |
| Manuscript number (if known): J  | TD-21-344 |  |

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|---|--|--|---|
|   |  | whom you have this<br>relationship or indicate   | (e.g., if payments were made to you or to your institution) |
|   |  | none (add rows as  |   |
|   |  | needed)  |   |
|   |  | Time frame: Since the initial  | planning of the work  |
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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  |
|----|---|--------|
|    |   |        |
|    |   |        |
| 4  | Consulting fees                                   | XNone  |
|    |   |        |
| -  |   |        |
| 5  | Payment or honoraria for lectures, presentations, | XNone  |
|    | speakers bureaus,                                 |        |
|    | manuscript writing or                             |        |
|    | educational events                                |        |
| 6  | Payment for expert                                | X None |
|    | testimony   |        |
|    |   |        |
| 7  | Support for attending<br>meetings and/or travel   | XNone  |
|    | <b>U U</b>  |        |
|    |   |        |
| 8  | Patents planned, issued or                        | XNone  |
|    | pending   |        |
|    |   |        |
| 9  | Participation on a Data                           | XNone  |
|    | Safety Monitoring Board or<br>Advisory Board      |        |
| 10 | Leadership or fiduciary role                      | X None |
| 10 | in other board, society,                          |        |
|    | committee or advocacy                             |        |
|    | group, paid or unpaid                             |        |
| 11 | Stock or stock options                            | X_None |
|    |   |        |
|    |   |        |
| 12 | Receipt of equipment,                             | XNone  |
|    | materials, drugs, medical                         |        |
|    | writing, gifts or other services                  |        |
| 13 | Other financial or non-                           | XNone  |
|    | financial interests                               |        |
|    |   |        |

Date:\_11/06/2021\_\_\_\_\_ Your Name:\_Tiantuo Zhang\_\_\_\_\_ Manuscript Title:\_Main pulmonary artery enlargement predicts 90-day readmissions in Chinese COPD patients\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_JTD-21-344\_\_\_\_\_

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The following questions apply to the author's relationships/activities/interestsas they relate to the <u>current</u> <u>manuscript only</u>.

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate   | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | none (add rows as<br>needed)   | ······································  |
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | Guangzhou Science and<br>Technology Project Fund<br>(201709010040) and<br>Guangdong Medical<br>Research Foundation (No.<br>A2019062) | Our department was provided with research funds.  |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity(if not indicated in<br>item #1 above).  | XNone  |   |

| 3  | Royalties or licenses                             | XNone   |  |
|----|---|---------|--|
|    |   |         |  |
|    |   |         |  |
| 4  | Consulting fees                                   | XNone   |  |
|    |   |         |  |
| _  | Deverage and an how even in fact                  | V. Nove |  |
| 5  | Payment or honoraria for lectures, presentations, | XNone   |  |
|    | speakers bureaus,                                 |         |  |
|    | manuscript writing or                             |         |  |
|    | educational events                                |         |  |
| 6  | Payment for expert                                | X None  |  |
|    | testimony   |         |  |
|    |   |         |  |
| 7  | Support for attending<br>meetings and/or travel   | XNone   |  |
|    | meetings and/or traver                            |         |  |
|    |   |         |  |
|    |   |         |  |
| 8  | Patents planned, issued or                        | XNone   |  |
|    | pending   |         |  |
|    |   |         |  |
| 9  | Participation on a Data                           | XNone   |  |
|    | Safety Monitoring Board or<br>Advisory Board      |         |  |
| 10 | Leadership or fiduciary role                      | X None  |  |
| 10 | in other board, society,                          |         |  |
|    | 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<br>services               |         |  |
| 13 | Other financial or non-                           | X None  |  |
|    | financial interests                               |         |  |
|    |   |         |  |