ICMJE DISCLOSURE FORM

Date: ___Oct 3rd, 2024_____

Your Name: Xiaole Li_____

Manuscript Title: ___Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index_____

Manuscript number (if known): _____QIMS-24-1393-R1_____

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

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

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

The author declare no competing interests.

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

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: ___Oct 3rd, 2024_____

Your Name: __Zishuo Wang_____

Manuscript Title: ___Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index_____

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11	Stock or stock options	__X__None	
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ICMJE DISCLOSURE FORM

Date: Oct 3rd, 2024

Your Name: Siyi Wang

Manuscript Title: Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index

Manuscript number (if known):   QIMS-24-1393-R1

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7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
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ICMJE DISCLOSURE FORM

Date: ___Oct 3rd, 2024_____

Your Name: Wensu Chen_____

Manuscript Title: __Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index_____

Manuscript number (if known):_____QIMS-24-1393-R1_____

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3	Royalties or licenses	__X__None	
4	Consulting fees	__X__None	

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6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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ICMJE DISCLOSURE FORM

Date: ___Oct 3rd, 2024_____

Your Name: Chengzong Li_____

Manuscript Title: __Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index_____

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3	Royalties or licenses	__X__None	
4	Consulting fees	__X__None	

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

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ICMJE DISCLOSURE FORM

Date: ___Oct 3rd, 2024___

Your Name: Yinyang Zhang

Manuscript Title: Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index

Manuscript number (if known): QIMS-24-1393-R1

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3	Royalties or licenses	__X__None	
4	Consulting fees	__X__None	

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

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ICMJE DISCLOSURE FORM

Date: ___Oct 3rd, 2024_____

Your Name: __Aiyun Sun_____

Manuscript Title: ___Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index_____

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
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11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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

The author is an employee of GE Healthcare.

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

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ICMJE DISCLOSURE FORM

Date: ___Oct 3rd, 2024_____

Your Name: Lixiang Xie_____

Manuscript Title: __Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index_____

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ICMJE DISCLOSURE FORM

Date: ___Oct 3rd, 2024_____

Your Name: Chunfeng Hu_____

Manuscript Title: ___Maching Learning for Predicting the Recurrence of Atrial Fibrillation after Radiofrequency Catheter Ablation by Combining CT Features of Left Atrium Epicardial and Pericoronary Adipose Tissue with Triglyceride-Glucose Index_____

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