| Date: March 28, 2024 |
|--|
| Your Name: He Zou |
| Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT angiography |
| using a new deep learning tool: a comparison study |
| Manuscript number (if known): ひから - メチーもの |

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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|-------------------------------|---|---|
| 2014 | | | 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 | X None | |
| | any entity (if not indicated | 1 | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | _X_None | |
| | _ | 7 | |

| 5 | Payment or honoraria for | X None | |
|----|--|---------|--|
| | lectures, presentations, | A | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | 7 | |
| | , | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X_None | |
| | pending | (| |
| | | | |
| 9 | Participation on a Data | None | |
| 3 | Safety Monitoring Board or | | |
| | 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 | _X_None | ALEXANDER STATE OF THE STATE OF |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | 1 | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

| He zou | declares | No | conflicts | of interest | |
|--------|----------|----|-----------|-------------|--|
| | | | | | |

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

| Date: March 28, 2024 |
|--|
| Your Name: Yigin Jiang |
| Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT angiography |
| using a new deep learning tool: a comparison study |
| Manuscript number (if known): ハM< - メートの |

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) Time frame: Since the initia | Specifications/Comments (e.g., if payments were made to you or to your institution) If 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. | _X None | |
| | 建 次的自由,但该与各位的工程。这种 | Time frame: past | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|----|--|----------------|
| 6 | Payment for expert testimony | 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 | <u></u> X_None |

| Yiqin Jiang | declares no | conflicts of | interest. |
|-------------|-------------|--------------|-----------|
| | | | |

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

| Date: March 28, 2024 |
|--|
| Your Name: Haorus Huang |
| Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT angiography |
| using a new deep learning tool: a comparison study |
| Manuscript number (if known): ΩZMS - γγ - 650 |

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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|---|---|
| | | | planning of the work |
| 1 | All support for the present | X_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 | X None ✓ | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | Y None | |
| | | | |
| | | | |
| 4 | Consulting fees | V None | |
| 7 | Consuming rees | | |
| | | 1 | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
|----|--|------|--|
| 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 | |

| Haorui | Huang | declares | no | conflicts | $\circ f$ | interest | |
|--------|-------|----------|----|-----------|-----------|----------|--|
| | | | | | | | |

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

| Date: 2024 8,24 | |
|--|--|
| Your Name: Ahmed Elbourne | |
| Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT | |
| angicgraphy using a new deep learning tool; a comparison study | |
| Manuscript number (if known): QIMS-24-650 | |

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 initi | ial planning of the work |
| 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: pa | st 36 months |
| Grants or contracts from any entity (if not indicated in item #1 above). | | 1 48 |
| Royalties or licenses | X None | |
| Consulting fees | None | |
| Payment or honoraria for lectures, presentations, | None | |
| | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses Consulting fees | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the init 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: pa A None Time frame: pa A None Consulting fees None 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 | |

Ahmed Elkoumy declares no conflicts of interest

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

| Date: 224.6.23 | |
|---|--------------------|
| Date: 274.0 | |
| Your Name: X1000 pm Manage Manuscript Title: Automated and quantitative assessment of aortic root by | ased on cardiac CT |
| angiography using a new deep learning tool: a comparison study Manuscript number (if known): QIMS-24-650 | |

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> manuscript only.

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 initi | al 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: pa | st 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 | X None | |
| | testimony | None | |
| | | | |
| 7 | Support for attending | Y None | |
| 0 | meetings and/or travel | None | |
| | o and a traver | | |
| | | | |
| | | | |
| - | | | |
| 8 | Patents planned, issued or | None | |
| | pending | - 1 | |
| | | 10 | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | No. | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | Peikin Technology (0, Ltd. Suzhon, Ehina |
| | financial interests | | 0 |
| | | | Meikin Technology (O Ltd. Suzhon Etina |

Xiaodung Wong works ag a ceoin peixin Technology Co. Look Suzhar.

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

| Date: March 28, 2024 | _ |
|--|-----|
| Your Name: jnyun Zhu | l : |
| Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT | |
| angiography using a new deep learning tool: a comparison study | |
| Manuscript number (if known): QIMS-24-650 | _ |

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 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 | X_None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | X_None | |
| | | | |
| | | | |
| 5 | Payment or honoraria for | _X_None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |

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

| Jinyun | Zhu | declares | ho | conflicts | of interest. |
|--------|-----|----------|----|-----------|--------------|
| | | | | | |

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

| Date: 2024.8.24 | |
|--|--|
| Your Name: Yoursan Shen | |
| Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT | |
| angiography using a new deep learning tool: a comparison study | |
| Manuscript number (if known): QIMS-24-650 | |

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>.

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| | | 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 initi | al 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: pas | t 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 | 2 14.4 |

| | manuscript writing or educational events | 1200 | |
|----|--|---------------|--|
| 6 | Payment for expert testimony | <u>X</u> 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 | | |
| 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 | |
| | | | |

| Youxian shen declares no con- | at of interest. |
|-------------------------------|-----------------|
| 2 | |

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

| Date: WW. 8. VV | |
|--|--|
| Your Name: Vinmin 2hang | |
| Manyscript Title: Automated and quantitative assessment of aortic root based on cardiac CT | |
| angiography using a new deep learning tool: a comparison study | |
| int number (if transp): OIMS 24-650 | |

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 initi | al 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: pas | st 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | <u></u> ★ None | |
| 4 | Consulting fees | X_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 | X_None | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 11 | Stock or stock options | <u>X</u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non- financial interests | None | |
| | | | |

Kinmin Zhang de clares no conflicts of interest.

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

Date: March 28. 2024 Your Name: Mattia Lunadi

Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT angiography

using a new deep learning tool: a comparison study

Manuscript number (if known): QZMS - ンター 650

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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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.

| 7 | | 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) |
|-----|--|--|---|
| 116 | (1954年14月2日) [1965] 1975 [1975] 1975 [1975] 1975 [1975] 1975 [1975] 1975 [197 | Time frame: Since the initia | al 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. | <u>X</u> None | |
| ME. | ROSANIA PARA PER | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_None | |
| 3 | Royalties or licenses | <u> </u> | |
| 4 | Consulting fees | <u>X</u> None | |

| 5 | Payment or honoraria for lectures, presentations, | None | |
|----|--|---------------|--|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | _X_None | |
| 7 | Support for attending meetings and/or travel | None | |
| | meetings entry or travel | | |
| 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 | <u>X</u> None | |
| 13 | Other financial or non- financial interests | _X None | |

| Mattia Lunadi | declares | no | conflicts | of | interest | |
|---------------|----------|----|-----------|----|----------|--|
| | | | | | | |
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| | | | | | | |

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

| Date: March 28, 2024 |
|--|
| Your Name: //cama Soliman |
| Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT angiography |
| using a new deep learning tool: a comparison study_ |
| Manuscript number (if known): QIMS - ンゲ - 659 |

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 initia | i planning of the work |
| 1 | All support for the present manuscript (e.g., funding, | None | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| Also I | CONTRACTOR OF THE PROPERTY OF THE PARTY OF T | Time frame: pas | t 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, manuscript writing or educational events | None | |
|----|--|------|--|
| 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 | |

| Osama Sollman | declares | n o | conflicts | of interest |
|---------------|----------|-----|-----------|-------------|
| | | | | |

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

| Date: March 28, 2024 | |
|--|--|
| our Name: Lianpin Wu | |
| Manuscript Title: Automated and quantitative assessment of aortic root based on cardiac CT angiography | |
| using a new deep learning tool: a comparison study | |
| Vanuscript number (if known): 0.2M5 - → 4.59 | |

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>.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi | 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. | None | Jie Bang Gua Shuai Project of Wenzhou Science and Technology Bureau under Grant NO. 272023022. |
| | | Time frame: pa | st 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 | 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 | X_None | |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u>⊀</u> None | |
| 13 | Other financial or non- financial interests | _X_None | |

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

| pate: August, 22, wxx | - I ONIV |
|---|---------------------------|
| your Name: Xīule: 11. | |
| Manuscript Title: Automated and quantity | ment of aortic root based |
| angiography using a new deep learning tool: a compar Manuscript number (if known): QIMS-24-650 | rison study |
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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 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 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 initi | al 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 | The jiming Province al Natural Science Foundation of Chipa INO.LTGY 24H 180019 to K.W.J. the Medical and Health Science and Technology Project of the jimy Province IND. 2023-PC210 and 2004-ETIBO to K.W.J. |
| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | <u>X_None</u> | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | None | 2 No. |

| | manuscript writing or educational events | | |
|----|--|----------------|--|
| 6 | Payment for expert testimony | X_None | |
| 7 | Support for attending meetings and/or travel | | |
| 8 | Pacents planned, issued or pending | <u></u> ✓_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 | None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | |
| 13 | Other financial or non- financial interests | None | |

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