

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Manesh   | 2. Surname (Last Name)<br>Patel                                     | 3. Date<br>06-January-2016              |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Dan Mark |
| 5. Manuscript Title<br>Economic Outcomes With Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial" |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M15-2639  |   |   |

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company             | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Heart Lung and Blood Institute | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Jansen         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| AstraZeneca    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Maquet         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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| Name of Entity | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments       |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------|
| PCORI          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                |
| Genzyme        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory Board |
| Bayer          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory Board |
| Jansen         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory Board |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Patel reports grants from National Heart Lung and Blood Institute, during the conduct of the study; grants from Jansen, grants from AstraZeneca, grants from Maquet, grants from PCORI, personal fees from Genzyme, personal fees from Bayer, personal fees from Jansen, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Melanie

2. Surname (Last Name)  
Daniels

3. Date  
07-January-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Daniel B. Mark, MD, MPH

5. Manuscript Title  
Economic Outcomes with Anatomic versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial

6. Manuscript Identifying Number (if you know it)  
M15-2639

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Daniels has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jerome      2. Surname (Last Name) Federspiel      3. Date 29-March-2016

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Daniel Mark, MD

5. Manuscript Title  
Economic Outcomes With Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Tria

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M15-2639

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|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| National institutes of health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Study funding for PROMISE |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lawton

2. Surname (Last Name)

Cooper

3. Date

24-February-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Economic Outcomes With Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial

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M15-2639

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|  |                                  |   |
|--|----------------------------------|---|
| 1. Given Name (First Name)<br>Patricia   | 2. Surname (Last Name)<br>Cowper | 3. Date<br>02-March-2016                          |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                  | Corresponding Author's Name<br>Daniel B. Mark, MD |
| 5. Manuscript Title<br>Economic Outcomes With Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial. |                                  |   |
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|---|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Heart, Lung, and Blood Institute | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

| Name of Entity       | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| GE                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Bristol-Myers Squibb | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Pfizer               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity          | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Eli Lilly               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Tenax Therapeutics      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Gilead Sciences         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| AGA Medical Corporation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Astra Zeneca            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cowper reports grants from National Heart, Lung, and Blood Institute, during the conduct of the study; grants from GE, grants from Bristol-Myers Squibb, grants from Pfizer, grants from Eli Lilly, grants from Tenax Therapeutics, grants from Gilead Sciences, grants from AGA Medical Corporation, grants from Astra Zeneca, outside the submitted work; .



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Daniel

2. Surname (Last Name) Mark

3. Date 24-February-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Economic Outcomes with Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial

6. Manuscript Identifying Number (if you know it)  
M15-2639

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company   | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Institutes of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

| Name of Entity        | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Eli Lilly and Company | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Gilead Sciences, Inc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Bristol-Myers Squibb  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity          | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |
|-------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| AGA Medical Corporation | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Merck & Company         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Oxygen Therapeutics     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| AstraZeneca             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Medtronic, Inc          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| CardioDx                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| St. Jude Medical        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Milestone               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Mark reports grants from National Institutes of Health, during the conduct of the study; grants from Eli Lilly and Company, grants from Gilead Sciences, Inc., grants from Bristol-Myers Squibb, grants from AGA Medical Corporation, grants from Merck & Company, grants from Oxygen Therapeutics, grants from AstraZeneca, grants and personal fees from Medtronic, Inc, personal fees from CardioDx, personal fees from St. Jude Medical, personal fees from Milestone, outside the submitted work; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Linda  | 2. Surname (Last Name)<br>Davidson-Ray                              | 3. Date<br>23-February-2016                       |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Daniel B. Mark, MD |
| 5. Manuscript Title<br>Economic Outcomes With Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial" |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M15-2639  |   |   |

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mrs. Davidson-Ray has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kevin

2. Surname (Last Name)  
Anstrom

3. Date  
26-February-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Daniel Mark

5. Manuscript Title  
Economic Outcomes With Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments       |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------|
| Grant from NHLBI            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PROMISE grants |

### Section 3. Relevant financial activities outside the submitted work.

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Anstrom reports grants from Grant from NHLBI, during the conduct of the study; .

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**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Udo

2. Surname (Last Name)  
Hoffmann

3. Date  
19-April-2016

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Economic Outcomes With Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial

6. Manuscript Identifying Number (if you know it)  
M15-2639

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                                |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| NHLBI - PROMISE TRIAL       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Principal Investigator on behalf of MGH |

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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| Name of Entity     | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                                |
|--------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| HeartFlow Inc      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Principal Investigator on behalf of MGH |
| Siemens Healthcare | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Principal Investigator on behalf of MGH |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity                                | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments                                |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| Radiological Society of North America         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Principal Investigator on behalf of MGH |
| Genentech, Inc                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Principal Investigator on behalf of MGH |
| Kowa Company , Ltd                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Principal Investigator on behalf of MGH |
| American College of Radiology Imaging Network | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Principal Investigator on behalf of MGH |
| American Heart Association                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant                              |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hoffmann reports grants from NHLBI - PROMISE TRIAL, during the conduct of the study; grants from HeartFlow Inc, grants from Siemens Healthcare, grants from Radiological Society of North America, grants from Genentech, Inc, grants from Kowa Company , Ltd, grants from American College of Radiology Imaging Network , personal fees from American Heart Association, outside the submitted work; .

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent



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### Section 1. Identifying Information

1. Given Name (First Name) Pamela

2. Surname (Last Name) Douglas

3. Date 06-January-2106

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Daniel Mark

5. Manuscript Title  
Economic Outcomes With Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| HeartFlow      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| GE Healthcare  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Douglas reports grants from HeartFlow, grants from GE Healthcare, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
J. David

2. Surname (Last Name)  
Knight

3. Date  
08-January-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Daniel B. Mark, MD, MPH

5. Manuscript Title  
Economic Outcomes with Anatomic Versus Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial

6. Manuscript Identifying Number (if you know it)  
M15-2639

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company                     | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NHLBI (National Heart, Lung, & Blood Institute) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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Are there any relevant conflicts of interest?  Yes  No

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### Section 1. Identifying Information

1. Given Name (First Name)  
kerry

2. Surname (Last Name)  
Lee

3. Date  
11-January-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Daniel B. Mark

5. Manuscript Title  
Economic Outcomes with Anatomic vs. Functional Diagnostic Testing Strategies in Symptomatic Patients with Suspected CAD: Results from the PROMISE Trial

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Dr. Lee has nothing to disclose

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