

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

Relationships not covered above.

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Definitions.

Heidenreich

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

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

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administrative support, etc.



Section 1.	Identifying Inform	nation					
1. Given Name (First Name) Paul		2. Surname (Last Name) Heidenreich	3. Date 31-May-2017				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name N/A				
5. Manuscript Title "Age Differences		or Acute Myocardial Infarc	tion: Implications for Hospital Profiling"				
6. Manuscript Ider M16-2871	ntifying Number (if you kr	now it)					
Section 2.	The Work Under C	onsideration for Public	cation				
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 s	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 Vo							
Section 4.	Intellectual Prope	rty Patents & Copyrig	ghts	_			
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No				

Heidenreich 2



Section 5. Relationships not covered above
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. Heidenreich 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.

Heidenreich 3



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patent

Slattery 1



Section 1. Identifying Infor	mation						
1. Given Name (First Name) Lara	2. Surname (Last Name) Slattery	3. Date 31-May-2017					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name					
5. Manuscript Title Age Differences in Hospital Mortality	for Acute Myocardial Infarct	ion: Implications for Hospital Profiling					
6. Manuscript Identifying Number (if you M16-2871	know it)						
		-					
Section 2. The Work Under	Consideration for Public	ation					
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Section 3. Relevant financia	al activities outside the s	ubmitted work.					
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Name of Entity	Grant? Personal Nor	n-Financial other? Comments					
American College of Cardiology Employment							
Section 4. Intellectual Prop	erty Patents & Copyric	hts					
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No					

Slattery 2



Section 5.						
Decilon 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 follow	wing relationships/conditions/circumstances are present (explain below):					
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest					
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.					
Cartier C						
Section 6.	Disclosure Statement					
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
Ms. Slattery repo	orts personal fees from American College of Cardiology, outside the submitted work; .					

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Spatz 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Erica	2. Surname (Last Name) Spatz		3. Date 31-May-2017				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name					
5. Manuscript Title Age Differences in Hospital Mortality fo	r Acute Myocardial Infarct	ion: Implications for Hospita	al Profiling				
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Intellectual Proper	rty Patents & Copyric	ghts					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

Spatz 2



Section 5.						
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	onships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?					
✓ Yes, the following	g relationships/conditions/circumstances are present (explain below):					
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	ceiving support from the Centers for Medicare & Medicaid Services to develop and maintain res used in public reporting programs.					
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Spatz 3



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de Lemos 1



Section 1. Identifying Informa	ation .						
Identifying Informa	ation						
1. Given Name (First Name) James	2. Surname (Last Name) de Lemos		3. Date 31-May-2017				
4. Are you the corresponding author?	hor's Name jan MD						
5. Manuscript Title Age Differences in Hospital Mortality for	Acute Myocardial Infarc	tion: Implications for	· Hospital Profiling				
6. Manuscript Identifying Number (if you kno	ow it)						
o,							
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Are there any relevant conflicts of interes	st? ✓ Yes No						
If yes, please fill out the appropriate infor	mation below.						
Name of Entity	Grant? Personal No	n-Financial Other	Comments				
Roche Diagnostics			Consultant				
Abbott Diagnostics			Consultant				
Siemen's Health Care Diagnostics			Endpoint committee				
Radiometer			Endpoint committee				
Ortho Clinical Diagnostics			Consultant				

de Lemos 2



Soutien A							
Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							
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Dr. de Lemos reports personal fees from Roche Diagnostics, personal fees from Abbott Diagnostics, personal fees from Siemen's Health Care Diagnostics, personal fees from Radiometer, personal fees from Ortho Clinical Diagnostics, outside the submitted work; .							

Evaluation and Feedback

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de Lemos 3



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Ross 1



	•						
Section 1.	Identifying Inforn	nation					
1. Given Name (Fi Joseph	rst Name)	2. Surname (Last Ross	Name)	3. Date 31-May-2017	,		
4. Are you the corresponding author?		Yes ✓ N	•	Corresponding Author's Name Kumar Dharmarajan			
5. Manuscript Title Age Differences		or Acute Myocardia	al Infarction: Implica	tions for Hospital Profiling			
6. Manuscript Ide M16-2871	ntifying Number (if you k	now it)					
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Name of Entity		Grant? Person	Non-Financial Support?	Other? Comments			
Food and Drug Admi	nistration (FDA)	✓		Dr. Ross receives supply Food and Drug Admi through a research gractermine best practed device post-market so	nistration (FDA) rant to ices in medical		
Medtronic, Inc.		✓		Dr. Ross receives sup Medtronic, Inc. throu grant to determine b medical device post-	gh a research est practices in		

Ross 2

surveillance.



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Johnson & Johnson	✓				Dr. Ross receives support from Johnson & Johnson through a research grant to support the Yale University Open Access Data project to develop methods to promote and facilitate clinical trial data sharing.
Centers for Medicare and Medicaid Services (CMS)	✓				Dr. Ross receives support through a contract with the Centers for Medicare and Medicaid Services (CMS) to develop and maintain performance measures that are used to publicly report hospital and physician quality of care.
Blue Cross-Blue Shield Association (BCBSA)	✓				Dr. Ross receives support from the Blue Cross-Blue Shield Association (BCBSA) through a research grant to better understand medical technology evidence generation.
The Laura and John Arnold Foundation	✓				Dr. Ross receives support from the Laura and John Arnold Foundation through a research grant to support the Collaboration for Research Integrity and Transparency (CRIT).
Food and Drug Administration (FDA)	V				Dr. Ross receives support from the Food and Drug Administration (FDA) through a research grant to establish the Yale-Mayo Clinic Center for Excellence in Regulatory Science and Innovation (CERSI).
Agency for Healthcare Research and Quality (AHRQ)	✓				Dr. Ross receives support through an R01 from the Agency for Healthcare Research and Quality (AHRQ) to study patient, hospital and community factors associated with hospital readmission rates.
Agency for Healthcare Research and Quality (AHRQ)	✓				Dr. Ross receives support through an R01 from the Agency for Healthcare Research and Quality (AHRQ) to study the adoption and de-adoption of pharmaceutical products.
The Laura and John Arnold Foundation	✓				Dr. Ross receives support from the Laura and John Arnold Foundation through a research grant to support the Good Pharma Scorecard.

Ross 3



Section 4.	Intellectual Property Patents & Copyrights						
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Section 6.	Disclosure Statement						
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box						
Johnson, grants (BCBSA), grants Agency for Heal	grants from Food and Drug Administration (FDA), grants from Medtronic, Inc., grants from Johnson & from Centers for Medicare and Medicaid Services (CMS), grants from Blue Cross-Blue Shield Association from The Laura and John Arnold Foundation, grants from Food and Drug Administration (FDA), grants from thcare Research and Quality (AHRQ), grants from Agency for Healthcare Research and Quality (AHRQ), Laura and John Arnold Foundation, outside the submitted work;						

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Ross



Instructions

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

Curtis 1



Section 1. Identifying Inform	nation								
identifying inform	iation								
1. Given Name (First Name) Jeptha	2. Surname (Last Name) Curtis		3. Date 08-March-2017						
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Au	uthor's Name						
5. Manuscript Title Carotid Endarterectomy and Stenting in the Medicare Population: Declining Rates and Improving Outcomes									
6. Manuscript Identifying Number (if you kr JAMA16-10537	now it)								
Section 2. The Work Under Co	onsideration for Publi	ication							
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			nment, commercial, private foundation, etc.) for I, study design, manuscript preparation,						
Are there any relevant conflicts of interes	est? ✓ Yes No								
If yes, please fill out the appropriate info Excess rows can be removed by pressin		ve more than one e	entity press the "ADD" button to add a row.						
Name of Institution/Company	Grant	on-Financial Othe	r? Comments						
NHLBI	✓		U01 HL105270-05						
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?									
Name of Entity	Grant•	on-Financial Othe	r? Comments						
American College of Cardiology			receives salary support						
Centers for Medicaid and Medicare Services			receives salary support to develop and maintain performance measures used for public reporting						

Curtis 2



Name of Entity	Grant? Personal Fees?	Non-Financial Othe	r? Comments				
Medtronic			holds equity interest				
Continu A							
Section 4. Intellectual Propert	y Patents & Copy	rights					
Do you have any patents, whether plann	ed, pending or issued,	, broadly relevant to t	he work? ☐ Yes ✓ No				
Section 5. Relationships not c	overed above						
Are there other relationships or activities potentially influencing, what you wrote i	-		nced, or that give the appearance of				
Yes, the following relationships/cond	itions/circumstances a	are present (explain b	elow):				
No other relationships/conditions/circumstances that present a potential conflict of interest							
At the time of manuscript acceptance, jo On occasion, journals may ask authors to			cessary, update their disclosure statements. d relationships.				
Section 6. Disclosure Stateme	nt						
Based on the above disclosures, this form below.	n will automatically ge	nerate a disclosure st	atement, which will appear in the box				
Dr. Curtis reports grants from NHLBI, du from Centers for Medicaid and Medicare							

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Curtis 3



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Fonarow 1



Section 1. Iden	tifying Information							
1. Given Name (First Nam Gregg		me (Last Name) V			3. Date 31-May-20	17		
4. Are you the correspond	ding author?	✓ No	Correspondii Kumar Dhai	ng Author's N rmarajan	lame			
5. Manuscript Title Age Differences in Hospital Mortality for Acute Myocardial Infarction: Implications for Hospital Profiling								
6. Manuscript Identifying M16-2871	Number (if you know it)							
Section 2. The N	Work Under Considera	tion for Publi	cation					
	a at any time receive paymer ed work (including but not lin conflicts of interest?						c.) for	
Section 3. Relev	vant financial activitie	s outside the	submitted w	ork.				
of compensation) with	oropriate boxes in the table entities as described in the x. You should report relation	instructions. U	se one line for	each entity;	; add as many	lines as you nee	d by	
•	appropriate information k							
Name of Entity	Grant?	Personal No	n-Financial Support?	Other? Co	omments			
Medtronic		✓		Con	sultant			
anssen		✓		Con	sultant			
Section 4. Intel	lectual Property Pato	ents & Copyri	ghts					
Do you have any paten	ts, whether planned, pend	ing or issued, b	roadly relevan	t to the wor	k? Yes	✓ No		

Fonarow 2



Section 5. Relationships not severed above
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. Fonarow reports personal fees from Medtronic, personal fees from Janssen, outside the submitted work; .

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Desai 1



Section 1.	Identifying Inform	ation						
1. Given Name (First Nihar	t Name)	·					7	
4. Are you the corre	sponding author?	Yes ✓ No Corresponding Author's Name						
5. Manuscript Title Age Differences in	. Manuscript Title Age Differences in Hospital Mortality for Acute Myocardial Infarction Implications for Hospital Profiling							
6. Manuscript Identi M16-2871	ifying Number (if you kno	ow it)						
Section 2.	The Work Under Co	nsideration fo	or Public	ation				
any aspect of the sub statistical analysis, et	tution at any time receivomitted work (including ec.)? vant conflicts of intere	but not limited to						
Section 3.	Relevant financial a	ctivities outsi	ide the s	ubmitted worl	k.			
of compensation) v clicking the "Add +	e appropriate boxes ir with entities as descrik -" box. You should rep vant conflicts of intere	oed in the instru ort relationships	ctions. Us	e one line for eac	ch entity; a	dd as many l	lines as you need by	
Section 4.	ntellectual Propert	ny Batante 8	Copyrig	hác				
	ntenectual Propert	ly Patents &	Copyrig	nts				
Do you have any p	atents, whether plann	ed, pending or i	issued, bro	oadly relevant to	the work?	Yes	✓ No	

Desai 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Desai has no	thing to disclose.

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KHAN 1



Section 1. Identifying Infor	mation					
Given Name (First Name) YOSEF	2. Surname (Last Name) KHAN	3. Date 31-May-2017				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Kumar Dharmarajan				
5. Manuscript Title Age Differences in Hospital Mortality 1	or Acute Myocardial Infarct	tion: Implications for Hospital Profiling				
6. Manuscript Identifying Number (if you M16-2871	know it)					
Section 2. The Work Under	Consideration for Public	cation				
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,				
Section 3. Relevant financia	l activities outside the s	submitted work.				
of compensation) with entities as desc	ribed in the instructions. Use eport relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .				
Section 4. Intellectual Prope	erty Patents & Copyri	ghts				
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No				

KHAN 2



Section 5.	Deletionshing not servered above
	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
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1. Given Name (First Name) Deepak	2. Surname (Last Na Bhatt	me)	3. Date 31-May-2017							
4. Are you the corresponding author?	Yes ✓ No	-	ding Author's Name Dharmarajan							
5. Manuscript Title Age Differences in Hospital Mortality for Acute Myocardial Infarction: Implications for Hospital Profiling										
6. Manuscript Identifying Number (if you know it) M16-2871										
Section 2. The Work Under Co	nsideration for P	ublication								
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests.	but not limited to grai									
Section 3. Polovent financial a										
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate information."	n the table to indicate to the table to indicate the table to instruction ort relationships the st?	e whether you hans. Use one line fo	ive financial relationships (regardless or each entity; add as many lines as yo	ou need by						
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments							
Amarin	√	Support	Research Funding; PI							
AstraZeneca			Research Funding; PI							
Bristol-Myers Squibb		i i	Research Funding; PI							
Eisai			Research Funding; PI							
Ethicon	✓		Research Funding; PI							
Medtronic	✓		Research Funding; PI							
sanofi aventis	✓		Research Funding; PI							
The Medicines Company	✓		Research Funding; PI							



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
FlowCo				✓	Unfunded research collaboration
PLx Pharma				✓	Unfunded research collaboration
Takeda				✓	Unfunded research collaboration
Duke Clinical Research Institute		✓			Data Monitoring Committees; Clinical Trial Steering Committees
Mayo Clinic		✓			Data Monitoring Committee
Population Health Research Institute		✓			Data Monitoring Committees; Clinical Trial Steering Committee for a trial funded by Bayer
American College of Cardiology		✓	✓		Senior Associate Editor, Clinical Trials and News, ACC.org; Trustee
Belvoir Publications		\checkmark			Editor in Chief, Harvard Heart Letter
Slack Publications		✓			Chief Medical Editor, Cardiology Today's Intervention
WebMD		✓			CME Steering Committees
Elsevier		✓			Advisory Board; Elsevier Practice Update Cardiology
Medscape Cardiology				✓	Advisory Board
Regado Biosciences				✓	Advisory Board
Boston VA Research Institute				✓	Board of Directors
Society of Cardiovascular Patient Care		✓	✓		Board of Directors; Secretary/ Treasurer
American Heart Association			✓		Chair, American Heart Association Quality Oversight Committee
HMP Communications		✓			Editor in Chief, Journal of Invasive Cardiology
Roche	✓				Research Funding; PI
Harvard Clinical Research Institute		✓			Clinical Trial Steering Committee for trial funded by Boehringer Ingelheim; Data Monitoring Committee Chair for a trial funded by St. Jude
Clinical Cardiology				✓	Deputy Editor
Journal of the American College of Cardiology		√			Guest Editor; Associate Editor
VA				✓	Chair, VA Cardiovascular Assessment, Reporting and Tracking System (CART) Program, Research and Publications Committee



Pfizer	✓				Research Funding; steering committee	
Forest Laboratories	✓				Research Funding; Clinical Events Committee Chair for ASCENT COPD	
Ischemix	✓				Research Funding; PI	
St. Jude Medical				✓	Site Co-investigator	
Biotronik				√	Site Co-investigator	
Cardax				✓	Advisory Board	
American College of Cardiology				✓	Chair, ACTION Registry Steering Committee	
Boston Scientific				✓	Site Co-investigator	
Amgen	✓				Research Funding; steering committee	
Lilly	✓				Research Funding; steering committee	
Chiesi	✓				Research Funding; PI	
Ironwood	✓				Research Funding	
Cleveland Clinic		\checkmark			Data Monitoring Committee	
Mount Sinai School of Medicine		√			Data Monitoring Committee	
Merck				✓	Unfunded research collaboration	
Section 4. Intellectual Prop Do you have any patents, whether pl Section 5. Relationships no	anned, pendii	ng or issue		nt to the	e work? ☐ Yes 📝 No	
				_		
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. Bhatt reports grants from Amarin, grants from AstraZeneca, grants from Bristol-Myers Squibb, grants from Eisai, grants from Ethicon, grants from Medtronic, grants from sanofi aventis, grants from The Medicines Company, other from FlowCo, other from PLx Pharma, other from Takeda, personal fees from Duke Clinical Research Institute, personal fees from Mayo Clinic, personal fees from Population Health Research Institute, personal fees and non-financial support from American College of Cardiology, personal fees from Belvoir Publications, personal fees from Slack Publications, personal fees from WebMD, personal fees from Elsevier, other from Medscape Cardiology, other from Regado Biosciences, other from Boston VA Research Institute, personal fees and non-financial support from Society of Cardiovascular Patient Care, non-financial support from American Heart Association, personal fees from HMP Communications, grants from Roche, personal fees from Harvard Clinical Research Institute, other from Clinical Cardiology, personal fees from Journal of the American College of Cardiology, other from VA, grants from Pfizer, grants from Forest Laboratories, grants from Ischemix, other from St. Jude Medical, other from Biotronik, other from Cardax, other from American College of Cardiology, other from Boston Scientific, grants from Amgen, grants from Lilly, grants from Chiesi, grants from Ironwood, personal fees from Cleveland Clinic, personal fees from Mount Sinai School of Medicine, other from Merck, outside the submitted work.

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Instructions

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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

Masoudi 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Frederick	rst Name)	2. Surname (Last Name) Masoudi)	3. Date 01-June-2017				
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Auth Dharmarajan, K	or's Name				
5. Manuscript Title Age Differences in Hospital Mortality for Acute Myocardial Infarction: Implications for Hospital Profiling								
6. Manuscript Idei M16-2871	ntifying Number (if you kr	now it)						
	ı							
Section 2.	The Work Under Co	onsideration for Pub	lication					
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not limited to grants,	data monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,				
Section 3.	Relevant financial	activities outside th	e submitted work.					
of compensation) with entities as descri	bed in the instructions.	Use one line for each e	cial relationships (regardless of amount ntity; add as many lines as you need by a months prior to publication.				
•	evant conflicts of intere)					
If yes, please fill o	out the appropriate info	ormation below.						
Name of Entity		Grant? Personal Fees?	Ion-Financial Other	Comments				
American College of	Cardiology			Contract for role as Chief Science Officer, NCDR Programs				
	ı							
Section 4.	Intellectual Proper	ty Patents & Copy	rights					
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant to the	e work? ☐ Yes ✓ No				

Masoudi 2



Section 5. Polationships not sovered above
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. Masoudi reports other from American College of Cardiology, outside the submitted work; .

Evaluation and Feedback

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Masoudi 3



Instructions

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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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4. Intellectual Property.

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

Relationships not covered above.

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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

Wang 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Yongfei		2. Surname (Last Name) Wang	3. Date 19-July-2017		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Kumar Dharmarajan		
5. Manuscript Title Age Differences in Hospital Mortality for Acute Myocardial Infarction		r Acute Myocardial Infarct	ion: Implications for Hospital Profiling		
6. Manuscript Ider M16-2871	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	cation		
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 s	ubmitted work.		
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.		
Section 4.	Intellectual Proper	rty Patents & Copyric	yhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Wang 2



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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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. Wang has nothing to disclose.					

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Issued: The patent has been issued by the agency

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

McNamara 1



Section 1. Identifying Information	ation					
Given Name (First Name) Robert	2. Surname (Last Name) McNamara	3. Date 07-June-2017				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho				
5. Manuscript Title Age Differences in Hospital Mortality for Acute Myocardial Infarction: Implications for Hospital Profiling						
6. Manuscript Identifying Number (if you know it) M16-2871						
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.						
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate info	oed in the instructions. Us ort relationships that wer st?	se one line for each er	ntity; add as many lines as you need by			
Name of Entity	Grant? Personal Nor	n-Financial Other?	Comments			
Pfizer, Inc			Events Adjudication Committee for a clinical trial regarding a PCSK9 inhibitor			
merican Heart Association			Consultant			
Section 4. Intellectual Property	ty Patents & Copyric	yhts				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

McNamara 2



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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Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. McNamara re work; .	eports personal fees from Pfizer, Inc, personal fees from American Heart Association, outside the submitted				

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McNamara 3



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Dharmarajan 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Kumar	2. Surname (Last Name) Dharmarajan		3. Date 19-June-2017	
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Age Differences in Hospital Mortality for Acute Myocardial Infarction: Implications for Hospital Profiling				
6. Manuscript Identifying Number (if you know it) M16-2871				
Section 2. The Work Under Co	onsideration 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	g the "X" button.			
Name of Institution/Company	Grant? Persona	Non-Financial Support?	Other?	Comments
Centers for Medicare & Medicaid Services			✓	I work under contract with CMS to develop and maintain performance measures
Clover Health			✓	I am a consultant and advisory board member for Clover Health, a Medicare PPO
Section 3. Relevant financial a	activities outside	e the submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	bed in the instructi	ons. Use one line fo	or each ei	ntity; add as many lines as you need by
Are there any relevant conflicts of intere	st? Yes ✓	No		

Dharmarajan 2



Evaluation and Feedback

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Dharmarajan 3



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

ert testimony, employment, or other affiliations patent **n-Financial Support:** Examples include drugs/equipment

Bernheim 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Susannah		2. Surname (Last Name) Bernheim		3. Date 01-August-2017		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Kumar Dharmarajan			
5. Manuscript Title Age Differences in Hospital Mortality for Acute Myocardial Infarction: Implications for Hospital Profiling			for Hospital Profiling			
6. Manuscript Identifying Number (if you know it) M16-2871						
Section 2.						
_		onsideration for Publ		rement commercial private foundation at	s) for	
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 re-	Are there any relevant conflicts of interest? Yes V No					
Section 3.	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? Ves No						
If yes, please fill o	out the appropriate info	ormation below.				
Name of Entity		Grant	on-Financial Support?	er? Comments		
Centers for Medicare	& Medicaid Services			Contracts to develop and maintain publicly reported measures.		
	l					
Section 4.	Intellectual Prope	rty Patents & Copyr	ights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Bernheim 2



Section 5. Relationships not severed above
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. Bernheim has nothing to disclose.

Evaluation and Feedback

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Bernheim 3