Date: 07 April 2021

Your Name: Muhammed GENES

Manuscript Title: A rare cause of reversible left ventricular dysfunction: Pheochromocytoma

Manuscript number (if known): JXYM-21-16

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

| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
|-----|---|----------|--|--|--|
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| 6 | educational events Payment for expert | X None | | | |
| | testimony | XNone | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| 9 | Participation on a Data | X None | | | |
| | Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| 12 | materials, drugs, medical | XNone | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- financial interests | XNone | | | |
| | illianciai interests | | | | |
| | | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| I | Dr. Genes has nothing to di | isclose. | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Date: 07 April 2021 **Your Name:** Serkan ASIL

Manuscript Title: A rare cause of reversible left ventricular dysfunction: Pheochromocytoma

Manuscript number (if known): JXYM-21-16

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) |
|---|---|--|---|
| | I | Time frame: Since the initial | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
|--|---|--|
| Payment for expert testimony | XNone | |
| Support for attending meetings and/or travel | XNone | |
| | | |
| Patents planned issued or | V None | |
| pending | | |
| | | |
| | _XNone | |
| | | |
| Leadership or fiduciary role | XNone | |
| in other board, society, | | |
| | | |
| Stock or stock options | XNone | |
| | | |
| Possint of aguinment | V None | |
| | XNone | |
| writing, gifts or other | | |
| | X None | |
| financial interests | | |
| | | |
| | | owing box: |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonXNone |

Date: 07 April 2021

Your Name: Suat GORMEL

Manuscript Title: A rare cause of reversible left ventricular dysfunction: Pheochromocytoma

Manuscript number (if known): JXYM-21-16

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

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
|------|---|---------------------------|------------------------|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | _XNone | |
| 7 | Support for attending meetings and/or travel | _XNone | |
| | | | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |
| | se summarize the above co | | lowing box: |
| Plea | se place an "X" next to the | following statement to in | dicate your agreement: |

Thease place and A mexico the following statement to indicate your agreement.

Date: 07 April 2021 **Your Name:** Salim YASAR

Manuscript Title: A rare cause of reversible left ventricular dysfunction: Pheochromocytoma

Manuscript number (if known): JXYM-21-16

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

| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert | XNone | |
|--|---|---|
| manuscript writing or educational events Payment for expert | | |
| I | | |
| 1 | XNone | |
| testimony | | |
| Support for attending | X None | |
| meetings and/or travel | | |
| | | |
| | | |
| | XNone | |
| pending | | |
| Participation on a Data | X None | |
| Safety Monitoring Board or | | |
| Advisory Board | | |
| | XNone | |
| I | | |
| II | | |
| Stock or stock options | XNone | |
| | | |
| Descipt of anytingenet | V. Nana | |
| | XNone | |
| writing, gifts or other | | |
| services | | |
| | XNone | |
| Tinancial interests | | |
| | | |
| _ | Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests | Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- X_None |

Date: 07 April 2021

Your Name: Ali Fuat CICEK

Manuscript Title: A rare cause of reversible left ventricular dysfunction: Pheochromocytoma

Manuscript number (if known): JXYM-21-16

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) |
|---|---|--|---|
| | I | Time frame: Since the initial | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
|-----|--|--------|------------|
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | XNone | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | ase summarize the above co | | owing box: |
| - 1 | | | |

Date: 07 April 2021

Your Name: Uygar Cagdas YUKSEL

Manuscript Title: A rare cause of reversible left ventricular dysfunction: Pheochromocytoma

Manuscript number (if known): JXYM-21-16

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

| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
|-----|---|----------|--|--|
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| 9 | Participation on a Data | X None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid | V None | | |
| 11 | Stock or stock options | XNone | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
| | | | | |
| | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | Dr. Vulsal has nothing to d | isalosa | | |
| | Or. Yuksel has nothing to di | isciuse. | | |
| | | | | |
| | | | | |
| | | | | |

Date: 07 April 2021 **Your Name:** Murat CELIK

Manuscript Title: A rare cause of reversible left ventricular dysfunction: Pheochromocytoma

Manuscript number (if known): JXYM-21-16

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | | |
| Time frame: past 36 months | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | |
| 3 | Royalties or licenses | XNone | | |
| 4 | Consulting fees | X_None | | |

| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
|---|---|--------|--|--|--|
| | | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| 0 | Participation on a Data | V None | | | |
| 9 | Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | X None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | X None | | | |
| | financial interests | | | | |
| | | | | | |
| Please summarize the above conflict of interest in the following box: | | | | | |
| Dr. Celik has nothing to disclose. | | | | | |
| | Dr. Cena has noming to disclose. | | | | |
| | | | | | |
| | | | | | |