Date: 2021-10-25	
Your Name:_Sun xiaoning	_
Manuscript Title:The surgical outcomes of aortic valve replacement in patients with aortic valve lesions	
caused by Behcet's disease: lessons we learned	
Manuscript number (if known):	

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	XNone	

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

None.	

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

Date	e: <u>2021-10-25</u>		
	r Name:Yuan Ll		
Mar	nuscript Title:The surgical	loutcomes of aortic valve r	eplacement in patients with aortic valve lesions caused by
Beh	cet's disease: lessons we le	arned	
Mar	nuscript number (if known):	·	
relate part to to relate	ted to the content of your r ies whose interests may be ransparency and does not n tionship/activity/interest, i	manuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript of the manuscript of the manuscript. Disclosure represents a commitment of the graph of the second of the content of the con
to the	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare a ation is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	<b>X</b> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ XNone	. So months
-	any entity (if not indicated	_ ANone	
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
	,		

Consulting fees

X \_\_None

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

None.	

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

Date	e:2021-10-2	<u> 25                                    </u>		
	r Name:Liu Jun	, ,		
Mar	nuscript Title:Th	e surgical o	outcomes of aortic valve r	eplacement in patients with aortic valve lesions caused by
Beh	cet's disease: lesso	ons we lear	rned	
Mar	nuscript number (i	f known):_		
relate part to trelate	ted to the content ies whose interest ansparency and d tionship/activity/i	of your mater of	anuscript. "Related" mean affected by the content of cessarily indicate a bias. I is preferable that you do	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.  s/activities/interests as they relate to the current
to the	ne epidemiology o lication, even if th em #1 below, repo	f hyperten at medicat ort all supp	sion, you should declare a tion is not mentioned in th	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive e manuscript.  in this manuscript without time limit. For all other items,
			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 manuscript (e.g., fu provision of study i medical writing, ari processing charges No time limit for the	present unding, materials, ticle s, etc.)	<b>X</b> None	
			Time frame: past	36 months
2	Grants or contracts any entity (if not in in item #1 above).		_ <b>X</b> None	
3	Royalties or license	es	<b>X</b> None	

Consulting fees

X \_\_None

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

None.	

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

Date	e: <u>2021-10-25</u>		
Your	Name:Yang Quanlin		
Man	uscript Title:The surgical	outcomes of aortic valve r	eplacement in patients with aortic valve lesions caused by
Beho	cet's disease: lessons we lea	arned	
Man	uscript number (if known):		
relate particular to transfer relate The	eed to the content of your n ies whose interests may be ansparency and does not n tionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so.
to the med	ne epidemiology of hypertelication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  I in this manuscript without time limit. For all other items,
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l 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	_ <b>X</b> None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
6	Payment for expert	X None
0	testimony	_ <b>^</b> None
	testimony	
7	Support for attending	X None
,	meetings and/or travel	XNone
8	Patents planned, issued or	_ <b>X</b> None
	pending	
9	Participation on a Data	<b>X</b> None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	_ <b>X</b> None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid	V
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
12	materials, drugs, medical	_ ANone
	writing, gifts or other	
	services	
13	Other financial or non-	_ <b>X</b> None
	financial interests	

None.	

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

Date	e:2021-10-25		
Your	· Name:Liu Huan		
Man	uscript Title:The surgical	outcomes of aortic valve r	eplacement in patients with aortic valve lesions caused by
Beho	cet's disease: lessons we lea	irned	
Man	uscript number (if known):		
relate particular to transfer relate The	eed to the content of your nies whose interests may be ansparency and does not notionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current
to th med In ite	ne epidemiology of hyperter ication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  In this manuscript without time limit. For all other items,
		I II	I
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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	<b>X</b> None	

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

None.	

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

Date	e: <u>2021-10-25</u>		
Your	Name:Zhang Hongqian	g	
Man	uscript Title:The surgical	outcomes of aortic valve r	eplacement in patients with aortic valve lesions caused by
Beho	cet's disease: lessons we lea	arned	
Man	uscript number (if known):		
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l 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	<b>X</b> None	

5	Payment or honoraria for	_ <b>X</b> None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
6	Payment for expert	X None
0	testimony	_ <b>^</b> Notic
	testimony	
7	Support for attending	X None
,	meetings and/or travel	XNone
8	Patents planned, issued or	_ <b>X</b> None
	pending	
9	Participation on a Data	<b>X</b> None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	_ <b>X</b> None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid	V
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
12	materials, drugs, medical	_ <b>A</b> None
	writing, gifts or other	
	services	
13	Other financial or non-	_ <b>X</b> None
	financial interests	

None.	

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

Date	e:2021-	-10-25		
	r Name:Wa			
Mar	uscript Title:_	_The surgical	outcomes of aortic valve r	eplacement in patients with aortic valve lesions caused by
Beh	cet's disease: l	lessons we lea	irned	
Mar	uscript numb	er (if known):		
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to the	ne epidemiolo lication, even i em #1 below,	gy of hyperter if that medica report all sup	nsion, you should declare a tion is not mentioned in th	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  in this manuscript without time limit. For all other items,
			Name all entities with	Considerations / Comments
			whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
			relationship or indicate	institution)
			none (add rows as	
			needed)	
			Time frame: Since the initia	planning of the work
1	All support for	the present	<b>X</b> None	
	manuscript (e.	•		
	provision of stu	udy materials,		
	medical writing	g, article		
	processing cha			
	No time limit f	for this item.		
			Time frame: past	36 months
2	Grants or cont	racts from	_ <b>X</b> None	
	any entity (if n	ot indicated		
	in item #1 abo	ve).		
3	Royalties or lic	enses	<b>X</b> None	

Consulting fees

X \_\_None

5	Payment or honoraria for	_ <b>X</b> None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
6	Payment for expert	X None
0	testimony	_ <b>^</b> Notic
	testimony	
7	Support for attending	X None
,	meetings and/or travel	XNone
8	Patents planned, issued or	_ <b>X</b> None
	pending	
9	Participation on a Data	<b>X</b> None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	_ <b>X</b> None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid	V
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
12	materials, drugs, medical	_ <b>A</b> None
	writing, gifts or other	
	services	
13	Other financial or non-	_ <b>X</b> None
	financial interests	

None.	

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