## ICMJE DISCLOSURE FORM



Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
Manuscript number (if known): $\qquad$
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 current manuscript onlv.

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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) | Specifications/Comments <br> (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. | $\checkmark$ None |  |
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| Time frame: past 36 months |  |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item \#1 above). | $\checkmark$ None |  |
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| 3 | Royalties or licenses | $\checkmark$ None |  |
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| 4 | Consulting fees | $\checkmark$ None |  |
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Please summarize the above conflict of interest in the following box:
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## ICIMJE DISCLOSURE FORM

Date: $\qquad$
Your Name: $\qquad$ Yony - Quan Xie
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
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| 3 | Royalties or licenses | $\checkmark$ None |  |
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| 4 | Consulting fees | $\checkmark$ None |  |
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## ICMJE DISCLOSURE FORM

Date: $\quad 3-12-2021$
Your Name: $\qquad$
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
Manuscript number (if known):

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| 4 | Consulting fees | $\checkmark$ None |  |
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## ICMJE DISCLOSURE FORM

Date: $29-11-2021$
Your Name: zigi Yue
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
Manuscript number (if known):
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| 3 | Royalties or licenses | $\checkmark$ None |  |
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| 4 | Consulting fees | $\triangle$ None |  |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | $\int$ None |  |
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| 6 | Payment for expert testimony | \/ None |  |
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| 7 | Support for attending meetings and/or travel | $\checkmark$ None |  |
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| 8 | Patents planned, issued or pending | $\checkmark$ None |  |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | $\checkmark$ None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 1 None |  |
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| 11 | Stock or stock options | $\checkmark$ None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | $\underline{\text { V None }}$ |  |
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| 13 | Other financial or nonfinancial interests | $\underline{\square}$ None |  |
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Your Name: $\quad$ show when Vang
Manuscript Title: Propensity-matched comparison of/balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
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## ICMJE DISCLOSURE FORM

Date: $\quad 2-12-2021$
Your Name: Hong Mery
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population Manuscript number (if known):

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None |  |
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| 2 Time frame: past 36 months |  |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item \#1 above). | $\checkmark$ None |  |
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| 3 | Royalties or licenses | C'None |  |
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| 4 | Consulting fees | None |  |
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Date: $\square$
Your Name: $X_{u}$ Wang
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
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| 6 | Payment for expert testimony | $\checkmark$ None |  |
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| 8 | Patents planned, issued or pending | $\checkmark$ None |  |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | $\checkmark$ None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | $\checkmark$ None |  |
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| 11 | Stock or stock options | $\checkmark$ None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | $\checkmark /$ None |  |
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## ICMJE DISCLOSURE FORM

Date: $29 / 11 / 2021$
Your Name: Domhir - Xer
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
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| 3 | Royalties or licenses | I None |  |
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Date: $\qquad$ $29 / 11 / 2021$
Your Name: Feng-npen. Zhang
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
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Nramybin jan
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
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Date: $1-12-2021$
Your Name: Ge-Jun 2hang
Manuscript Title: Propensity-matched comparison of balloon-expandable and self-expanding valves for transcatheter aortic valve replacement in a Chinese population
Manuscript number (if known):
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