Date: 2022-07-14

Your Name: Katharina Strack

Manuscript Title: Long-term course of pulmonary arterial hypertension in adults with congenital heart disease under

targeted therapy – a retrospective analysis of a single tertiary center

Manuscript number (if known): CDT-22-266

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)	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	

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

There are no conflicts of interests.				

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 20. 07.2022

Your Name: Sebastian Freilinger

Manuscript Title: Long-term course of pulmonary arterial hypertension in adults with congenital heart disease under

targeted therapy – a retrospective analysis of a single tertiary center

Manuscript number (if known): CDT-22-266

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.

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

5	Payment or honoraria for	_x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
7	Compart for attanding	v Nana	
/	Support for attending meetings and/or travel	_x_None	
	<b>0</b>		
8	Patents planned, issued or	_x_None	
	pending		
9	Participation on a Data	_x_None	
	Safety Monitoring Board or		
	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	_x_ None	
12	Descipt of accions and	v. Nana	
12	Receipt of equipment, materials, drugs, medical	_x_None	
	writing, gifts or other		
	services		
13	Other financial or non-	_x_None	
	financial interests		
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Nothing to declare.		

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

\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Date:** 26.07.2022

Your Name: Amely Juni Busse

Manuscript Title: Long-term course of pulmonary arterial hypertension in adults with congenital heart disease under

targeted therapy – a retrospective analysis of a single tertiary center

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.

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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.	x None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	_x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	_x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	<u>x</u> None	
	testimony		
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7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	<u>x</u> None	
	pending		
9	Participation on a Data	_x_None	
	Safety Monitoring Board or		
	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	<u>x</u> None	
12	Receipt of equipment,	x None	
12	materials, drugs, medical	<u>x</u> Notie	
	writing, gifts or other		
	services		
13	Other financial or non-	<u>x</u> None	
	financial interests		

None.			
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Hamburg, 26.07.2022 Analy Ju B

Date: August 2<sup>nd</sup>, 2022 Your Name: P. Ewert

Manuscript Title: Long-term course of pulmonary arterial hypertension in adults with congenital heart disease under

targeted therapy – a retrospective analysis of a single tertiary center

Manuscript number (if known): CDT-22-266

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.

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

5	Payment or honoraria for	_xNone		
	lectures, presentations,			
	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	_xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
- 11	group, paid or unpaid			
11	Stock or stock options	_xNone		
12	Descipt of a suings out	y Name		
12	Receipt of equipment, materials, drugs, medical	xNone		
	writing, gifts or other			
	services			
13	Other financial or non-	_xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:  No conflict of interest.			

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

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 27.07.22

Your Name: Michael Houser

Manuscript Title: Long-term course of pulmonary or leval hypertension.

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.

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L		Time frame: Since the initi	al 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.	None  Time frame: par	
_			1000 monus
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	≥ None	

	Payment or honoraria for	None
5	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X None
	testimony	
7	Support for attending	X None
	meetings and/or travel	
		12000
8	Patents planned, issued or pending	× None
	pending :	
9	Participation on a Data	X None
	Safety Monitoring Board or 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	× None
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12	Receipt of equipment,	X None
0.00	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	X None
	financial interests	
13	financial interests	

no conflict of interest

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: July, 24<sup>th</sup>, 2022

Your Name: Michael Huntgeburth

Manuscript Title: Long-term course of pulmonary arterial hypertension in adults with congenital heart disease under

targeted therapy – a retrospective analysis of a single tertiary center

Manuscript number (if known): CDT-22-266

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.

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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 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

There are NO conflicts of interest to declare regarding this manuscript.	

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

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Manuscript Title: Long-term course of pulmonary arterior appeared therapy concernition heart disease funder day led therapy manuscript number (if known):	themmerer, Inn-Sophie H.D.  themmerer, Inn-Sophie H.D.  itle: Long-term course of pulmorary arterial apportation in adults with congenitation heart clisease funder taigeted therapy—  umber (if known): a vector spective analysis of a single tertiary contertion.
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1600	A A Sept of Manager State of the Sept of t	Time frame: Since the initial	planning or 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.	X_None	
送湯網		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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5	Payment or honoraria for	_X_None		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events		a section of the	
6	Payment for expert	V		
٠	testimony	_X_None		
	testimony			
7	Support for attending	X None		
	meetings and/or travel	None		
	meetings and/or travel		The state of the s	,
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8	Patents planned, issued or	X None		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	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	None		
12		14		
12	Receipt of equipment,	_X_None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	_X_None		
13	financial interests	TITOLIC		
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1 Prave	no conjuict of einterest to declare.

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: August 1<sup>st</sup> 2022 Your Name: N. Nagdyman

**Manuscript Title:** Long-term course of pulmonary arterial hypertension in adults with congenital heart disease under targeted therapy – a retrospective analysis of a single tertiary center

Manuscript number (if known): CDT-22-266

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3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	

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5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	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		
	5		
9	Participation on a Data	xNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid '		
11	Stock or stock options	xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	x None	
13	financial interests	XNOTIC	
	maricial meereses		
Plea	ase summarize the above co	onflict of interest in the fol	lowing box:
1	have no conflict of interest to c	declare.	

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

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 26. 07.22 Your Name: Tuck the School Manuscript title: Corp Jelm Jourse of Julmorry affect hypertension in Manuscript number (irknown): adults with consonited heart discuss under the consonited heart discuss under the corp.
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.
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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	X_None	
4	Consulting fees	_X_None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
Payment for expert testimony	X None
Support for attending meetings and/or travel	None
Patents planned, issued or pending	<u>X_</u> None
Participation on a Data Safety Monitoring Board or Advisory Board	X None
Leadership or fiduciary role in other board, society, committee or advocacy	<u>X</u> None
Stock or stock options	None
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
Other financial or non- financial interests	None
ase summarize the above c	onflict of interest in the following 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 non-financial interests

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2022July23

Your Name: Harald KAEMMERER, MD, VMD

Manuscript Title: Long-term course of pulmonary arterial hypertension in adults with congenital heart disease

Manuscript number (if known): CDT-22-266

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.

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		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 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.	Sponsorship/Honoraria: Actelion / Janssen , Bristol-Myers Squibb Steering Board: COMPERA International Steering Board Research grant/support: Patient organizations: Deutsche Herzstiftung and Herzkind e.V.		
	Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	Sponsorship/Honoraria: Actelion / Janssen , Bristol-Myers Squibb Steering Board: COMPERA International Steering Board Research grant/support: Patient organizations: Deutsche Herzstiftung and Herzkind e.V.	
3	Royalties or licenses	None	
4	Consulting fees	Janssen Pharmaceuticals	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Janssen-, Bristol-Myers Squibb-Pharmaceuticals	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Janssen-, Bristol-Myers Squibb-Pharmaceuticals	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	

financial interests	

I have the following potential conflicts of interest to report:

Sponsorship/Honoraria: Actelion / Janssen, Bristol-Myers Squibb

**Steering Board: COMPERA International Steering Board** 

Research grant/support: Patient organizations: Deutsche Herzstiftung and Herzkind e.V.

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

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 07/22/2022

Your Name: von Scheidt, Fabian

Manuscript Title: Long-term course of pulmonary arterial hypertension in adults with congenital heart disease

under targeted therapy – a retrospective analysis of a single tertiary center

Manuscript number (if known): CDT-22-266

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

5	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	x_None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone		
10	Leadership or fiduciary role in other board, society,	xNone		
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone		
,				
	Other financial or non- financial interests	xNone		
Ple	Please summarize the above conflict of interest in the following box:			
	None.			

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

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.