Date: 23.09.2022

Your Name: Dr. med. Mathieu Suleiman

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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>.

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		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	
-	ON THE RESERVE	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	

Please summarize the above conflict of interest in the following box:

I have 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: 23.09.2022

Your Name: Dr. med. Ann-Sophie Kaemmerer

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		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)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
4	Royalties or licenses Consulting fees	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		
_	B		
9	Participation on a Data	X_None	
4	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V Nove	
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		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the f	ollowing box:
1	have nothing to declare		

Payment or honoraria for

_None

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

Date: 26.09.2022 Your Name: Frank Harig

Manuscript Title: The Relation of Aortic dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT- 22-383

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 initia	il planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	A STATE OF THE STA
HIN H	Part of Section 2 and a second	THE SEA THE SEA OF THE PARTY.	
	A STATE OF THE STA	THE PROPERTY OF THE PARTY OF TH	SW 1
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
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	
Plea	se summarize the above co	nflict of interest in the	following box:
	form.	7	indicate your agreement: d have not altered the wording of any of the questions on the
	ad Ath	Corr T	HOUR Def

Date: 13.10.2022

Your Name: Dr. med. Michael Weyand

Manuscript Title: The Relation of Aortic dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT- 22-383

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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 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: pas	st 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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	► Andrews	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
1	meetings and/or travel	None	
	meetings unit, or traver		
8	Patents planned, issued or	None	
١	pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
			THE RESIDENCE OF THE PARTY OF T
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other	received a service of the control of	
	services		
13	Other financial or non-	None	
	financial interests		
	·		

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

Prof. Dr. med. M. Weyand Direktor der Herzchirurgischen Klinik Universitätsklimikum Erlangen Krankenhausstraße 12, 91034 Erlangen Tel.: 09131/85-33319 Fax: -32768

Date: 23.09.2022

Your Name: Dr. med. Jan-Peter Roth

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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: Since the initia	i 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	
7/3		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>⊁</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> 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	_X_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	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ease summarize the above o	conflict of interest in the fo	ollowing box:

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

Date: 28.09.2022

Your Name: Dr. med. Christian Meierhofer

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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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,	XNone	
	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	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,			П	
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None		_	
,	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board			-	
10	Leadership or fiduciary role	XNone		_	
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	X None			
11	Stock of Stock options	XNone		-	
				Т	
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	X None			
	financial interests				
_				-	
DI.	Please summarize the above conflict of interest in the following box:				
PIE	ase summarize the above co	milict of interest in the foll	owing box:		
	I do not have conflicts of interes	t.			

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

Date: 28.09.2022

Your Name: Dr. med. Gert Bischoff

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
FERE		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
2	in item #1 above).	V	· · · · · · · · · · · · · · · · · · ·
3	Royalties or licenses	None	
4	Consulting fees	None	· · · · · · · · · · · · · · · · · · ·

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

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



Date: 23.09.2022

Your Name: Dr. med. Matthias S. May

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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		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)
1	All support for the present	None	planning of the work
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated	None None	30 months
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	Siemens Healthcare GmbH Bayer AG None	Money paid to me for education Money paid to me for education
	testimony		
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	

Please summarize the above conflict of interest in the following box:

The above mentioned potential conflicts of interests were not paid in any relationship to the presented study.

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: 28.09.2022

Your Name: Annika Freiberger

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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		A1 11 1111 111	0 10 11 10
		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	XNone	
	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	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony	XNone	
	testimony		
7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
	Dankisia skipa sa Dal	V Nove	
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	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 services		
13	Other financial or non-	X None	
13	financial interests	_XNone	
Plea	ise summarize the above co	nflict of interest in the fo	llowing box:

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

Date: 23.09.2022

Your Name: Sebastian Freilinger

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mine for this term.		
		Time frame: past	36 months
2	Grants or contracts from	None None	
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

				_
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	None		_
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
_	Double in this is a Dob	Nava		_
9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			_
10	Leadership or fiduciary role	None		
	in other board, society,			_
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		_
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the fo	ollowing box:	
1	have nothing to declare. SF			

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

Date: 28.09.2022

Your Name: Dr. med. Michael Huntgeburth

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	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	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descript of a minus and	V. Nava	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	nse summarize the above co		owing box:

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

Date: 23.09.2022

Your Name: Dr. med. Mohamed Marwan

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

Manuscript number (if known): CDT-22-383

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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	XNone	
	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	
	any entity (if not indicated		
	in item #1 above).		
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 Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
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	
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:

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

Date: 28.09.2022

Your Name: Prof. Dr. med. Nicole Nagdyman

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

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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)
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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	
		Time frame: pas	t 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	<u>X</u> None	

5	lectures, presentations, speakers bureaus,	<u>X</u> None	
- 11	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
		Market Commencer	
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	
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

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Date: 28.09.2022

Your Name: Prof. Dr. med. Peter Ewert

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

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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	
	"我们是我们的一种 "的	Time frame: pas	t 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	<u></u> None	

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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	<u></u> →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
Ple	ease summarize the above o	conflict of interest in the following box:
Ple <u>×</u>		Zefehler und ZY/Oct/2022 München ayern asität München -

Date: 28.09.2022

Your Name: Prof. Dr. med. Dr. med. vet. Harald Kaemmerer

Manuscript Title: The Relation of Aortic Dimensions and Obesity in Adults with Marfan or Loeys-Dietz Syndrome

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		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)	
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	

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