Date: \_\_December. 15<sup>th</sup>, 2022\_\_\_ Your Name: \_\_ Zhong Chen \_\_\_ Manuscript Title: \_Open limited surgery is safe for aTAAD patients of Septuagenarian and Octogenarian group\_ Manuscript number (if known): \_\_\_\_\_CDT-22-533\_\_\_\_\_

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>.

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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.) <b>No time limit for this item.</b>	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	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
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	XNone	
	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-	XNone	
	financial interests		

None.

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

Date: \_\_December. 15<sup>th</sup>, 2022\_\_\_\_ Your Name: \_Cheng Chen \_\_\_\_ Manuscript Title: \_Open limited surgery is safe for aTAAD patients of Septuagenarian and Octogenarian group\_ Manuscript number (if known): \_\_\_\_\_CDT-22-533\_\_\_\_\_

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		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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
<i>'</i>	meetings and/or travel		
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	XNone	
	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-	XNone	
	financial interests		

None.

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

Date: \_\_December. 15<sup>th</sup>, 2022\_\_\_ Your Name: \_\_ Hoshun Chong \_\_\_ Manuscript Title: \_Open limited surgery is safe for aTAAD patients of Septuagenarian and Octogenarian group\_ Manuscript number (if known): \_\_\_\_\_CDT-22-533\_\_\_\_\_

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

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		

None.

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

Date: \_\_December. 15<sup>th</sup>, 2022\_\_\_ Your Name: \_\_ Junxia Wang \_\_\_ Manuscript Title: \_Open limited surgery is safe for aTAAD patients of Septuagenarian and Octogenarian group\_ Manuscript number (if known): \_\_\_\_\_CDT-22-533\_\_\_\_\_

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

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		

None.

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

Date: \_\_December. 15<sup>th</sup>, 2022\_\_\_ Your Name: \_\_ Xiyu Zhu \_\_\_ Manuscript Title: \_Open limited surgery is safe for aTAAD patients of Septuagenarian and Octogenarian group\_ Manuscript number (if known): \_\_\_\_\_CDT-22-533\_\_\_\_\_

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

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		

None.

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

Date: \_\_December. 15<sup>th</sup>, 2022\_\_\_ Your Name: \_\_ Qing Zhou \_\_\_ Manuscript Title: \_Open limited surgery is safe for aTAAD patients of Septuagenarian and Octogenarian group\_ Manuscript number (if known): \_\_\_\_\_CDT-22-533\_\_\_\_\_

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

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		

None.

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

Date: \_\_December. 15<sup>th</sup>, 2022\_\_\_ Your Name: \_\_ Dongjin Wang \_\_\_ Manuscript Title: \_Open limited surgery is safe for aTAAD patients of Septuagenarian and Octogenarian group\_ Manuscript number (if known): \_\_\_\_\_CDT-22-533\_\_\_\_\_

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	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	X_None			
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	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	XNone	
12	Possint of aquinment	X Nono	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: \_\_December. 15<sup>th</sup>, 2022\_\_\_ Your Name: \_\_ Yunxing Xue \_\_\_ Manuscript Title: \_Open limited surgery is safe for aTAAD patients of Septuagenarian and Octogenarian group\_ Manuscript number (if known): \_\_\_\_\_CDT-22-533\_\_\_\_\_

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	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	X_None			
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	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	XNone	
12	Possint of aquinment	X Nono	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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