## **ICMJE DISCLOSURE FORM**

| Date:   | 6/8/21   |   |
|---|--|---|
| Your Name:                                    | Bo Xu, MD  |   |
| Manuscript conditions                         | Title: Contemporary multimodal                                       | ity imaging evaluation and management of heart valve disease and related  |
| Manuscript I                                  | number (if known): CDT-2019-H  | /D-13(CDT-21-361)   |
| related to th<br>parties whos<br>to transpare | e content of your manuscript. "<br>se interests may be affected by t | o disclose all relationships/activities/interests listed below that are Related" means any relation with for-profit or not-for-profit third he content of the manuscript. Disclosure represents a commitment licate a bias. If you are in doubt about whether to list a e that you do so. |
| The followin                                  | g questions apply to the author                                      | s relationships/activities/interests as they relate to the current  |

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) |
|---|---|---|---|
| 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   |
| 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   | _XYes  | Cleveland Clinic reimburses for any scientific meetings |  |
|      | meetings and/or travel  |        | and business related travel as appropriate              |  |
|      |   |        |   |  |
|      |   |        |   |  |
| 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  | _XNone |   |  |
|      |   |        |   |  |
|      |   |        |   |  |
| 12   | Receipt of equipment,   | XNone  |   |  |
|      | materials, drugs, medical   |        |   |  |
|      | writing, gifts or other services                                      |        |   |  |
| 13   | Other financial or non-   | X None |   |  |
| 13   | financial interests   |        |   |  |
|      | iniancial interests   |        |   |  |
|      |   |        |   |  |
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| Plea | Please summarize the above conflict of interest in the following box: |        |   |  |

| The aut | hor reports reimbursement by Cleveland Clinic for any scientific meetings and business related travel as riate. |
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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.

## **ICMJE DISCLOSURE FORM**

| Date        | e:6/8/21   |   |  | _  |
|-------------|--|---|--|----|
| You         | r Name: Deborah Kwon, MD   | )   |  |    |
|             | nuscript Title: Contemporary<br>ditions  | multimodality imaging ev  | aluation and management of heart valve disease and relate  | èd |
| Mar         | nuscript number (if known):  | CDT-2019-HVD-13(CDT-21  | -361)  |    |
| relate part | ted to the content of your miles whose interests may be  | nanuscript. "Related" mean<br>affected by the content of<br>ecessarily indicate a bias.                                       | relationships/activities/interests listed below that are<br>ns any relation with for-profit or not-for-profit third<br>the manuscript. Disclosure represents a commitment<br>f you are in doubt about whether to list a<br>so. |    |
|             | following questions apply to uscript only.   | o the author's relationship   | s/activities/interests as they relate to the <u>current</u>  |    |
| to th       |  | nsion, you should declare a   | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.  |    |
|             | em #1 below, report all sup<br>time frame for disclosure is  | ·   | in this manuscript without time limit. For all other items,  |    |
|             |  |   |  |    |
|             |  | Name all entities with  | Specifications/Comments  |    |
|             |  | Name all entities with whom you have this   | Specifications/Comments (e.g., if payments were made to you or to your   |    |
|             |  |   |  |    |
|             |  | whom you have this  | (e.g., if payments were made to you or to your   |    |
|             |  | whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)  | (e.g., if payments were made to you or to your institution)  |    |
|             |  | whom you have this relationship or indicate none (add rows as   | (e.g., if payments were made to you or to your institution)  |    |
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| 1           | manuscript (e.g., funding,   | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia                            | (e.g., if payments were made to you or to your institution)  |    |
| 1           | manuscript (e.g., funding, provision of study materials,   | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia                            | (e.g., if payments were made to you or to your institution)  |    |
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|             | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  | whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  X None  Time frame: past | (e.g., if payments were made to you or to your institution)  planning of the work  |    |
| 1           | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from                              | whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  _XNone                   | (e.g., if payments were made to you or to your institution)  planning of the work  |    |
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Consulting fees

X\_\_\_None

| 5    | Payment or honoraria for  | _XNone |   |
|------|---|--------|---|
|      | lectures, presentations,  |        |   |
|      | speakers bureaus,   |        |   |
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| 8    | Patents planned, issued or  | XNone  |   |
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| 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, materials, drugs, medical                       | XNone  |   |
|      |   |        |   |
|      | writing, gifts or other   |        |   |
| 12   | services  | V None |   |
| 13   | Other financial or non-   | _XNone |   |
|      | financial interests   |        |   |
|      |   |        |   |
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