

# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Maximilian Kreibich

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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 only.

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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 (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

<p>The author has received speaking Honoria from Terumo Aortic.</p>
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**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.

# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Tim Berger

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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

**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.

# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Tim Walter

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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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	<u>  X  </u> None	
6	Payment for expert testimony	<u>  X  </u> None	
7	Support for attending meetings and/or travel	<u>  X  </u> None	
8	Patents planned, issued or pending	<u>  X  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  X  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  X  </u> None	
11	Stock or stock options	<u>  X  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  X  </u> None	
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# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Paul Potratz

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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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	<u>  X  </u> None	
6	Payment for expert testimony	<u>  X  </u> None	
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13	Other financial or non-financial interests	<u>  X  </u> None	

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

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# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Philipp Discher

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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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	<u>  X  </u> None	
6	Payment for expert testimony	<u>  X  </u> None	
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11	Stock or stock options	<u>  X  </u> None	
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13	Other financial or non-financial interests	<u>  X  </u> None	

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None.
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# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Stoyan Kondov

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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

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None.

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# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Friedhelm Beyersdorf

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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13	Other financial or non-financial interests	<u>  X  </u> None	

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# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Matthias Siepe

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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

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

None.

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# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Roman Gottardi

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

The author is shareholder of TEVAR Ltd. as well as Ascense Medical GmbH.

**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: April 06<sup>th</sup>, 2022

Your Name: Martin Czerny

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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4	Consulting fees	Terumo Aortic	
		Medtronic	

		Endospan	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bentley	
		Cryolife-Jotec	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	TEVAR Ltd	
		Ascense Medical GmbH	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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The author is a consultant to Terumo Aortic, Medtronic and Endospan, received speaking honoraria from Bentley and Cryolife-Jotec and is shareholder of TEVAR Ltd. as well as Ascense Medical GmbH.

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# ICMJE DISCLOSURE FORM

Date: April 06<sup>th</sup>, 2022

Your Name: Bartosz Rylski

Manuscript Title: Downstream thoracic endovascular aortic repair following the frozen elephant trunk procedure

Manuscript number (if known): CDT-22-99

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