

ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Lin Liang

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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 author's relationships/activities/interests should be defined broadly. 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.

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4	Consulting fees	X None <table border="1" data-bbox="375 258 1507 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	X None <table border="1" data-bbox="375 1045 1507 1150"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	X None <table border="1" data-bbox="375 1266 1507 1371"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None <table border="1" data-bbox="375 1476 1507 1581"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None <table border="1" data-bbox="375 1665 1507 1770"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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)
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X 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: 3/7/2022

Your Name: Xiaolong Ma

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Qingyu Kong

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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Date: 3/7/2022

Your Name: Wei Xiao

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

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Your Name: Jiaji Liu

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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Junming Zhu

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

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9	Participation on a Data Safety Monitoring Board or Advisory Board	X None <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None <table border="1" data-bbox="375 474 1507 575"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	X None <table border="1" data-bbox="375 690 1507 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: 3/7/2022

Your Name: Lin Liang

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Xiaolong Ma

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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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4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Qingyu Kong

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None <table border="1" data-bbox="375 478 1507 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	X None <table border="1" data-bbox="375 823 1507 924"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	X None <table border="1" data-bbox="375 1041 1507 1142"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	X None <table border="1" data-bbox="375 1255 1507 1356"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None <table border="1" data-bbox="375 1474 1507 1575"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None <table border="1" data-bbox="375 1663 1507 1764"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None <table border="1" data-bbox="373 474 1507 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	X None <table border="1" data-bbox="373 690 1507 793"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Wei Xiao

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Jiaji Liu

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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

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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Liqun Chi

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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 author's relationships/activities/interests should be defined broadly. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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4	Consulting fees	X None <table border="1" data-bbox="375 258 1507 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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6	Payment for expert testimony	X None <table border="1" data-bbox="375 825 1507 930"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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8	Patents planned, issued or pending	X None <table border="1" data-bbox="375 1266 1507 1371"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None <table border="1" data-bbox="375 1476 1507 1581"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 3/7/2022

Your Name: Junming Zhu

Manuscript Title: Comparing patient outcomes following minimally invasive coronary artery bypass grafting surgery versus coronary artery bypass grafting: a single-center retrospective study

Manuscript Number (if known): CDT-22-10

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