Date:16/6/2022			
Your Name: ALEXANDER GERAGOTELLIS BMEDSCI(HONS)			
Manuscript Title: Renal Outcomes of Suprarenal vs. Infrarenal Endograft Fixation in Endovascular Abdominal Aortic			
Aneurysm Repair: A Narrative Review			
Manuscript number (if known):CDT-22-196			

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>.

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.

		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	

_	Dayward and a control of	V. Nava			
5	Payment or honoraria for	_ XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
	,				
7	Support for attending	X None			
′	meetings and/or travel	_ ^None			
	meetings and/or traver				
8	Patents planned, issued or	X None			
	pending				
	p				
9	Participation on a Data	X None			
9		XNOTIE			
	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	XNone			
	illialiciai liiterests				
Ple	Please summarize the above conflict of interest in the following 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:16/6/2022	<del></del>
Your Name: KOFI COX	
<b>Manuscript Title: Renal Outcomes of</b>	Suprarenal vs. Infrarenal Endograft Fixation in Endovascular Abdominal Aortic
<b>Aneurysm Repair: A Narrative Review</b>	N .
Manuscript number (if known):	CDT-22-196

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>.

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.

		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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	XNone	
,	meetings and/or travel		
	5. 1 , 1		
8	Patents planned, issued or	X None	
	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	X None	
	Cook or cook opaicing		
12	Receipt of equipment,	_ XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Dle	ease summarize the above c	onflict of interest in the f	ollowing hove
	ase summarize the above e	onniet of interest in the is	Showing 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:16/6/2022
Your Name: HO CHEUNG ANTHONY YIP
Manuscript Title: Renal Outcomes of Suprarenal vs. Infrarenal Endograft Fixation in Endovascular Abdominal Aortic
Aneurysm Repair: A Narrative Review
Manuscript number (if known):_ CDT-22-196

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>.

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.

		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)
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.	Time frame: Since the initial XNone	planning of the work
		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		
	educational events	V Name	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	XNone	
,	meetings and/or travel		
	<b>3</b>		
8	Patents planned, issued or	X None	
	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	X None	
12	Receipt of equipment,	_ XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V Nove	
13		XNone	
	inianciai interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
Ple	Other financial or non-financial interests  ease summarize the above of	XNone onflict 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:16/6/2022
Your Name: MATTI JUBOURI
Manuscript Title: Renal Outcomes of Suprarenal vs. Infrarenal Endograft Fixation in Endovascular Abdominal Aortic
Aneurysm Repair: A Narrative Review
Manuscript number (if known):CDT-22-196

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>.

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.

		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	
		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 educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_ XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
4.0			
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above co	onflict 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:16/6/2022			
our Name: IAN WILLIAMS MD FRCS			
Manuscript Title: Renal Outcomes of Suprarenal vs. Infrarenal Endograft Fixation in Endovascular Abdominal Aortic			
Aneurysm Repair: A Narrative Review			
Manuscrint number (if known)	CDT-22-196		

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>.

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.

		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)
	All I C II	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	X None	
-	Consulting ICCs	XNone	

5	Payment or honoraria for	X None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
-		V None	
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	V None	
13	financial interests	XNone	
	illialiciai liiterests		
<b>5</b> 1.		(1) ( )	II
PIE	ease summarize the above c	onflict 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:16/6/2022	
Your Name: DAMIAN M. BAILEY PHD	FRSC FPVRI FACSM FTPS
Manuscript Title: Renal Outcomes of	Suprarenal vs. Infrarenal Endograft Fixation in Endovascular Abdominal Aortic
Aneurysm Repair: A Narrative Review	1
Manuscript number (if known):	CDT-22-196

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>.

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.

		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, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Royal Society Wolfson Research Fellowship (#WM170007) Royal Society (IES/R2/192137) Japan Society for the Promotion of Science (JSPS/OF317)	

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	
ŭ	testimony	XNONE	
	•		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_ XNone	
	pending		
0	Dankisiaskias as a Data	V. Nama	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descript of anythrough	V. Name	
12	Receipt of equipment, materials, drugs, medical	_ XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Damian Bailey is funded by a Royal Society Wolfson Research Fellowship (#WM170007) and separate grants from the Royal Society (IES/R2/192137) and Japan Society for the Promotion of Science (JSPS/OF317).

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: _	16/6/2022		
Your N	ame: MOHAMAD BASHIR MD	PHD MRCS	
Manus	cript Title: Renal Outcomes of	Suprarenal vs. Infi	arenal Endograft Fixation in Endovascular Abdominal Aorti
Aneury	ysm Repair: A Narrative Review	I	
Manus	script number (if known):	CDT-22-196	

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>.

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.

		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)
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.	Time frame: Since the initial XNone	planning of the work
		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			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
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			
11	group, paid or unpaid	V None		
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

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