ICMJE DISCLOSURE FORM

Date: July 5th 2022

Your Name: Miroslav Peev

Manuscript Title: Multi-vessel Off-Pump Total Endoscopic Coronary Artery Bypass – Pearls and Pitfalls

Manuscript number (if known): JOVS-22-17

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.

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

		1		
5	Payment or honoraria for	X None		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert testimony	_XNone		
7	Support for attending meetings and/or travel	X_None		
8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy	_X_None		
	group, paid or unpaid			
11	Stock or stock options	_X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_X_None		
4.5	services			
13	Other financial or non- financial interests	_XNone		
Plea	Please summarize the above conflict of interest in the following box:			

N/A			

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: July 5th 2022

Your Name: Husam Balkhy

Manuscript Title: Multi-vessel Off-Pump Total Endoscopic Coronary Artery Bypass – Pearls and Pitfalls

Manuscript number (if known): JOVS-22-17

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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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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None		
	manuscript writing or			
	educational events			
6	Payment for expert testimony	_XNone		
7	Support for attending meetings and/or travel	X_None		
8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy	_X_None		
	group, paid or unpaid			
11	Stock or stock options	_X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_X_None		
42	services	W/		
13	Other financial or non-	Yes (see below)		
	financial interests			
Discourse with the share conflict of interest in the following how				
Please summarize the above conflict of interest in the following box:				

Dr. Balkhy declares he is a proctor for Intuitive Surgical, maker of the Da Vinci robot.		

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.