

ICMJE DISCLOSURE FORM

Date: August 25th, 2023

Your Name: CHRISTOPHE DUBOIS

Manuscript Title: Valve-in-Valve TAVR for the Degenerated Rapid Deployment Perceval™ Prosthesis: Technical Considerations

Manuscript number (if known): JOVS-23-28

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.

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)
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.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___	Christophe Dubois receives minor speaker fees from Corcym srl. Christophe Dubois is THV proctor for Edwards Lifesciences.

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	Christophe Dubois receives minor speaker fees from Corcym srl. Christophe Dubois is THV proctor for Edwards Lifesciences.
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ None	
8	Patents planned, issued or pending	_____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____ None	
11	Stock or stock options	_____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____ None	
13	Other financial or non-financial interests	_____ None	

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

Christophe Dubois receives minor speaker fees from Corcym srl. Christophe Dubois is THV proctor for Edwards Lifesciences.

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.

A handwritten signature in blue ink, consisting of several overlapping loops and a long horizontal stroke extending to the right. The signature is somewhat stylized and difficult to read precisely, but it appears to be the name 'Christophe Dubois'.

Christophe DUBOIS

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Date: August 25th, 2023

Your Name: _____ Lennert

Minten _____

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

[Handwritten Signature]

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

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

I have no conflict of interest

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.

K. Pindus

ICMJE DISCLOSURE FORM

Date: August 25th, 2023

Your Name: MARIE LAMBERIGTS

Manuscript Title: Valve-in-Valve TAVR for the Degenerated Rapid Deployment Perceval™ Prosthesis: Technical Considerations

Manuscript number (if known): JOVS-23-28

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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	

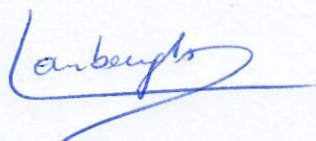
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input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

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: August 25th, 2023

Your Name: Pierluigi Lesizza

Manuscript Title: Valve-in-Valve TAVR for the Degenerated Rapid Deployment Perceval™ Prosthesis: Technical Considerations

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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"/> None	
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	

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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.

25/8/2023 

ICMJE DISCLOSURE FORM

Date: August 25th, 2023

Your Name: Steven Jacobs

Manuscript Title: Valve-in-Valve TAVR for the Degenerated Rapid Deployment Perceval™ Prosthesis: Technical Considerations

Manuscript number (if known): JOVS-23-28

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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

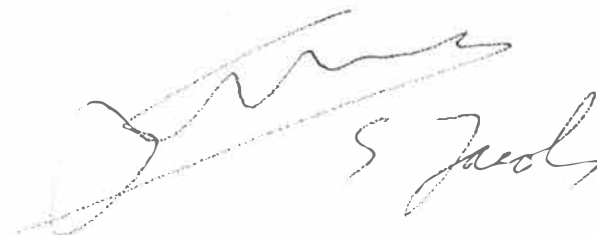
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abiomed	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board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

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

Speaker fees from Abiomed

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

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ICMJE DISCLOSURE FORM

Date: August 25th, 2023

Your Name: _____ Tom

Adriaenssens _____

Manuscript Title: Valve-in-Valve TAVR for the Degenerated Rapid Deployment Perceval™ Prosthesis: Technical Considerations

Manuscript number (if known): JOVS-23-28

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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

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

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 24 AUG 2023

ICMJE DISCLOSURE FORM

Date: August 25th, 2023

Your Name: Peter Verbrugghe

Manuscript Title: Valve-in-Valve TAVR for the Degenerated Rapid Deployment PercevalTM Prosthesis: Technical Considerations

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3	Royalties or licenses	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
4	Consulting fees	Corcym	payments to institution

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

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

Consultancy and travel support from Corcym as stated above.

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ICMJE DISCLOSURE FORM

Date: August 25th, 2023

Your Name: __ BART MEURIS

Manuscript Title: Valve-in-Valve TAVR for the Degenerated Rapid Deployment Perceval™ Prosthesis: Technical Considerations

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3	Royalties or licenses	<u>__</u> X <u>__</u> None	
4	Consulting fees		Consultant to Carcym srl

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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