

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rishabh

2. Surname (Last Name)
Kothari

3. Date
07-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joseph S. Coselli

5. Manuscript Title
Open surgery for thoracoabdominal aortic aneurysm: Is it still a horrible surgery?

6. Manuscript Identifying Number (if you know it)
JOVS-20-113

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Mr. Kothari has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Scott	2. Surname (Last Name) Weldon	3. Date 08-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph S. Coselli, M.D.
5. Manuscript Title Open surgery for thoracoabdominal aortic aneurysm: Is it still a horrible surgery?		
6. Manuscript Identifying Number (if you know it) JOVS-2019-TPC-05(JOVS-20-113)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Mr. Weldon has nothing to disclose.

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1. Given Name (First Name)
CUNEYT

2. Surname (Last Name)
KOKSOY

3. Date
21-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
JOSEPH S. COSELLI

5. Manuscript Title

OPEN SURGERY FOR THORACOABDOMINAL AORTIC ANEURYSM: IS IT STILL A HORRIBLE SURGERY?

6. Manuscript Identifying Number (if you know it)

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Dr. KOKSOY has nothing to disclose.

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1. Given Name (First Name)
Joseph

2. Surname (Last Name)
Coselli

3. Date
07-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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JOVS-2019-TPC-05(JOVS-20-113)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbott Laboratories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funds to support clinical trials at department level; travel/meal reimbursement
Terumo Aortic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research grant to division, funds to support clinical trials at department level; travel/meal reimbursement
Medtronic; W.L. Gore	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funds to support clinical trials at department level; travel/meal reimbursement
Edwards Lifesciences; CytoSorbents; Baxter Healthcare;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funds to support clinical trials at department level

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Dr. Coselli receives royalties from Terumo Aortic for the branched thoracoabdominal aortic aneurysm graft, which is unrelated to the present work.

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Dr. Coselli reports personal fees and other from Abbott Laboratories, grants, personal fees and other from Terumo Aortic, personal fees and other from Medtronic; W.L. Gore, personal fees and other from Edwards Lifesciences; CytoSorbents; Baxter Healthcare; , outside the submitted work; and Dr. Coselli receives royalties from Terumo Aortic for the branched thoracoabdominal aortic aneurysm graft, which is unrelated to the present work..

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