Date: Mar.22th,2022

Your Name: Myung Sub Kim

Manuscript Title: Risk factors for stent occlusion after catheter-directed thrombolysis and iliac vein stenting in the

treatment of May-Thurner syndrome with iliofemoral deep vein thrombosis

Manuscript number (if known): QIMS-22-269

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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	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time illine for this term.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
-	any entity (if not indicated	X_None	
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	V N			
6	Payment for expert testimony	X_None			
	testimony				
7	Support for attending	_ X _None			
,	meetings and/or travel	_X_None			
	meetings and, or traver				
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	X_None			
	Safety Monitoring Board or				
10	Advisory Board	V N			
10	Leadership or fiduciary role in other board, society,	X_None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	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:				

None.			

Date: Mar.22th,2022

Your Name: Hong Suk Park

Manuscript Title: Risk factors for stent occlusion after catheter-directed thrombolysis and iliac vein stenting in the

treatment of May-Thurner syndrome with iliofemoral deep vein thrombosis

Manuscript number (if known): QIMS-22-269

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3	Royalties or licenses	X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	X_None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	V N			
6	Payment for expert testimony	X_None			
	testimony				
7	Support for attending	_ X _None			
,	meetings and/or travel	_X_None			
	meetings and, or traver				
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	X_None			
	Safety Monitoring Board or				
10	Advisory Board	V N			
10	Leadership or fiduciary role in other board, society,	X_None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	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:				

None.			

Date: Mar.22th,2022

Your Name: Hyun Pyo Hong

Manuscript Title: Risk factors for stent occlusion after catheter-directed thrombolysis and iliac vein stenting in the

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Manuscript number (if known): QIMS-22-269

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3	Royalties or licenses	X_None	
4	Consulting fees	_X_None	

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	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	V N			
6	Payment for expert testimony	X_None			
	testimony				
7	Support for attending	_ X _None			
,	meetings and/or travel	_X_None			
	meetings and, or traver				
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	X_None			
	Safety Monitoring Board or				
10	Advisory Board	V N			
10	Leadership or fiduciary role in other board, society,	X_None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	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:				

None.			

Date: Mar.22th,2022 Your Name: Dongho Hyun

Manuscript Title: Risk factors for stent occlusion after catheter-directed thrombolysis and iliac vein stenting in the

treatment of May-Thurner syndrome with iliofemoral deep vein thrombosis

Manuscript number (if known): QIMS-22-269

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4	Consulting fees	_X_None	

5	Payment or honoraria for	X_None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	V N			
6	Payment for expert testimony	X_None			
	testimony				
7	Support for attending	_ X _None			
,	meetings and/or travel	_X_None			
	meetings and, or traver				
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	X_None			
	Safety Monitoring Board or				
10	Advisory Board	V N			
10	Leadership or fiduciary role in other board, society,	X_None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	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:				

None.			

Date: Mar.22th,2022 Your Name: Sung Ki Cho

Manuscript Title: Risk factors for stent occlusion after catheter-directed thrombolysis and iliac vein stenting in the

treatment of May-Thurner syndrome with iliofemoral deep vein thrombosis

Manuscript number (if known): QIMS-22-269

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	educational events	V N			
6	Payment for expert testimony	X_None			
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9	Participation on a Data	X_None			
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10	Advisory Board	V N			
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	committee or advocacy				
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11	Stock or stock options	X None			
12	Receipt of equipment,	X_None			
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13	Other financial or non-	X None			
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Ple	Please summarize the above conflict of interest in the following box:				

None.			

Date: Mar.22th,2022

Your Name: Kwang Bo Park

Manuscript Title: Risk factors for stent occlusion after catheter-directed thrombolysis and iliac vein stenting in the

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Manuscript number (if known): QIMS-22-269

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	educational events	V N			
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10	Advisory Board	V N			
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12	Receipt of equipment,	X_None			
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13	Other financial or non-	X None			
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Date: Mar.22th,2022

Your Name: Sung Wook Shin

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	speakers bureaus,				
	manuscript writing or				
	educational events	V N			
6	Payment for expert testimony	X_None			
	testimony				
7	Support for attending	_ X _None			
,	meetings and/or travel	_X_None			
	meetings and, or traver				
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	X_None			
	Safety Monitoring Board or				
10	Advisory Board	V N			
10	Leadership or fiduciary role in other board, society,	X_None			
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11	Stock or stock options	X None			
12	Receipt of equipment,	X_None			
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	writing, gifts or other services				
13	Other financial or non-	X None			
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None.			

Date: Mar.22th,2022

Your Name: Sung Wook Choo

Manuscript Title: Risk factors for stent occlusion after catheter-directed thrombolysis and iliac vein stenting in the

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	manuscript writing or				
	educational events	V N			
6	Payment for expert testimony	X_None			
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,	meetings and/or travel	_X_None			
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9	Participation on a Data	X_None			
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10	Advisory Board	V N			
10	Leadership or fiduciary role in other board, society,	X_None			
	committee or advocacy				
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11	Stock or stock options	X None			
12	Receipt of equipment,	X_None			
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	writing, gifts or other services				
13	Other financial or non-	X None			
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Date: Mar.22th,2022 Your Name: Young Soo Do

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3	Royalties or licenses	XNone						
4	Consulting fees	X_None						

5	Payment or honoraria for lectures, presentations, speakers bureaus,	X_None					
	manuscript writing or						
	educational events	V. Nana					
6	Payment for expert testimony	X_None					
7	Support for attending	_ X _None					
,	meetings and/or travel	<u></u>					
8	Patents planned, issued or pending	_X_None					
9	Participation on a Data Safety Monitoring Board or	_X_None					
10	Advisory Board	V. Nana					
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None					
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 summarize the above conflict of interest in the following box:							

None.			