You Ma var	te: Jun. 19 <sup>th</sup> , 2023 ur Name:Mingzhu Zeng _ inuscript Title: Effectiv icose veins associated with inuscript number (if known)	veness of iliac vein stenting iliac vein compression	
rela par to t	ated to the content of your ries whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply nuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>
to to to me	the epidemiology of hyperted dication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,
		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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
	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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: Jun. 19 <sup>tn</sup> , 2023	_		
Yo	ur Name:Biyun Teng			
Ma	anuscript Title: Effective	veness of iliac vein stentin	g combined with endovenous laser treatment of recurr	ent
vai	ricose veins associated with	iliac vein compression		
	nuscript number (if known)		_	
	(			
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertar all relationships with manufacturers of antihypertensithe manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other it	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	,	
		needed)		
		Time frame: Since the initia	l planning of the work	
			0	
L	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	t 36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			

in item #1 above).

Royalties or licenses

Consulting fees

X\_None

X\_\_None

3

4

-		1	
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	X None	
	meetings and/or travel		
	<b>.</b>		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	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	X None	
11	Stock of Stock options	XNone	
4.0			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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:

	te: Jun. 19 <sup>th</sup> , 2023	_	
	ur Name:Yu Zhao		
			g combined with endovenous laser treatment of recurrent
var	icose veins associated with	iliac vein compression	_
Ma	nuscript number (if known)	): QIMS-22-1280_	
related to the mean of the mea	ated to the content of your ries whose interests may be transparency and does not e ationship/activity/interest, e following questions apply muscript only.  e author's relationships/activite epidemiology of hypertedication, even if that medication.	manuscript. "Related" me e affected by the content on necessarily indicate a biastit is preferable that you do to the author's relationship ivities/interests should be ension, you should declare cation is not mentioned in pport for the work reported.	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 initia	l planning of the work
_		T	
l	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	t 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	

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
	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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

	te: Jun. 19 <sup>th</sup> , 2023	_	
	ur Name:Fenghe Li		
			g combined with endovenous laser treatment of recurrent
	ricose veins associated with		
Ma	nuscript number (if known)	: QIMS-22-1280	
related to the treatment of the treatmen	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, e following questions apply inuscript only.	manuscript. "Related" means affected by the content of the content	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  ps/activities/interests as they relate to the current  defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
me In i	edication, even if that medic	pport for the work reporte	· · · · · · · · · · · · · · · · · · ·
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	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).	XNone	
3	Royalties or licenses	X None	
	,		
4	Consulting fees	XNone	

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
	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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Yo Ma		- - veness of iliac vein stenting	combined with endovenous laser treatment of recurrent
	ricose veins associated with	<u> </u>	
In the relation of the relations of the	ated to the content of your rties whose interests may be transparency and does not reationship/activity/interest, e following questions apply muscript only.  e author's relationships/activite epidemiology of hypertedication, even if that medication.	we ask you to disclose all manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in the poort for the work reported.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  ps/activities/interests as they relate to the current  defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
	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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: Jun. 19 <sup>th</sup> , 2023	_	
You	ur Name:Chuli Jiang		
Ma	nuscript Title: Effective	veness of iliac vein stenting	g combined with endovenous laser treatment of recurrent
var	icose veins associated with	iliac vein compression	_
Ma	nuscript number (if known)	: QIMS-22-1280	
related to the man to	ated to the content of your ries whose interests may be transparency and does not entionship/activity/interest, of following questions apply muscript only.  The author's relationships/activity entions apply and the epidemiology of hypertodication, even if that medication, even if that medication.	manuscript. "Related" means affected by the content of the content of the cessarily indicate a bias. It is preferable that you do not to the author's relationship in the cession, you should declare that it is not mentioned in the poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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
			h.e
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	

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
	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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: Jun. 19 <sup>th</sup> , 2023			
	ur Name: Wei Zhang	-		
		veness of iliac vein stenting	combined with endovenous laser treatment of recurre	nt
	ricose veins associated with	_		
		<u> </u>	_	
In the relation of the relatio	the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only.  e author's relationships/activity epidemiology of hypertedication, even if that medication, even if that medicated the epidemiology of the ep	we ask you to disclose all manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in the poort for the work reporter	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  ps/activities/interests as they relate to the current  defined broadly. For example, if your manuscript pertainal relationships with manufacturers of antihypertensive	е
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed) Time frame: Since the initial	planning of the work	
		Time trame: 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	XNone		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		
	C h: f	V N		
4	Consulting fees	XNone		

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
	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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: Jun. 19 <sup>th</sup> , 2023	_		
You	ur Name:Zhi Xiang			
Ma	nuscript Title: Effective	veness of iliac vein stenting	combined with endovenous laser treatment of recurrent	t
var	icose veins associated with	iliac vein compression	_	
Ma	nuscript number (if known)	: QIMS-22-1280		
In the relation of the relatio	the interest of transparency ated to the content of your ties whose interests may be transparency and does not reationship/activity/interest, a following questions apply nuscript only.  The author's relationships/activity epidemiology of hypertedication, even if that medication, even if that medication.	, we ask you to disclose all manuscript. "Related" mean eaffected by the content of necessarily indicate a bias. It is preferable that you do not to the author's relationship in the second point of the ension, you should declare that it is not mentioned in the poort for the work reported.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so.  ps/activities/interests as they relate to the current of the current of all relationships with manufacturers of antihypertensive	
	time name for disclosure is	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		none (add rows as		
		needed)		
		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).	XNone		
3	Royalties or licenses	X_None		
4	Consulting fees	XNone		

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
	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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te: Jun. 19 <sup>th</sup> , 2023	_		
Yo	ur Name:Qiu Zeng	_		
Ma	nuscript Title: Effective	veness of iliac vein stenting	g combined with endovenous laser treatment of recurren	ıt
vai	ricose veins associated with	iliac vein compression		
	nuscript number (if known)	<u>-</u>		
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	
rel	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third	
pa	rties whose interests may be	e affected by the content o	of the manuscript. Disclosure represents a commitment	
to	transparency and does not i	necessarily indicate a bias.	If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you do	) so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	tem #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other iten	ns,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	X None		
-	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time from a rock	2C months	
2	Crants or contracts from	Time frame: past	56 MONUS	
2	Grants or contracts from	XNone		
	any entity (if not indicated			
2	in item #1 above).	V None		
3	Royalties or licenses	XNone		
4	Consulting fees	X None		
•	consumb ices			

г	Downant or here were fer	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
	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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		