| Date: July 20 th ,2023 |
|---|
| Your Name:_Keisuke Miyajima |
| Manuscript Title: Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less lead |
| technique in left bundle branch area pacing using myocardial perfusion scintigraphy |
| Manuscript number (if known): |

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.

| | | 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) |
|---|---|--|---|
| 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 | planning of the work |
| | | 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 | |

| 5 | Payment or honoraria for | Medtronic Japan Co., Ltd | Payment for presentations |
|----|--|--------------------------|---------------------------|
| | lectures, presentations, speakers bureaus, | BIOTRONIK JAPAN | Payment for presentations |
| | | Abbott Medical Japan LLC | Payment for presentations |
| | manuscript writing or | JAPAN LIFELINE Co., Ltd. | Payment for presentations |
| | educational events | | |
| 5 | Payment for expert | _XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | _XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| 0 | pending | None | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | V. Nene | |
| 11 | Stock of Stock options | _XNone | |
| | | | |
| L2 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _XNone | |
| | financial interests | | |
| | | | |

| K.M. reports receipt of payment for presentations from Medtronic Japan Co., Ltd, BIOTRONIK JAPAN, Abbott Medical Japan LLC and JAPAN LIFELINE Co., Ltd. |
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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

| Date:July 28 th , 2023 |
|--|
| Your Name:Tsuyoshi Urushida |
| Manuscript Title: Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less |
| lead technique in left bundle branch area pacing using myocardial perfusion scintigraphy |
| Manuscript number (if known): |

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.

| | | 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 | 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 | |

| 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 meetings and/or travel | XNone | |
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| 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 | XNone | |
| | | | |
| | 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 | |
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| Г | ease summarize the above c | onflict of interest in the fol | lowing box: |

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.

| Date:July.29 th , 2023 |
|--|
| Your Name:Yuichiro_Tomida |
| Manuscript Title:_ Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less lead |
| technique in left bundle branch area pacing using myocardial perfusion scintigraphy |
| Manuscript number (if known): |

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.

| | | 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 | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 26 months |
| 2 | Curata an araturata form | | 56 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated in item #1 above). | | |
| 2 | · | V None | |
| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | X None | |
| - | Consulting ICCs | ^ _NONE | |

| 5 | Payment or honoraria for lectures, presentations, | _ XNone | | | |
|------|---|---|--|--|--|
| | | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
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| 7 | Support for attending | XNone | | | |
| | meetings and/or travel | | | | |
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| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
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| 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, | XNone | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 12 | services | Y N | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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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

| Date: _July 25th, 2023 |
|--|
| YourName: Takumi Tamura |
| Manuscript Title:_ Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less lead |
| technique in left bundle branch area pacing using myocardial perfusion scintigraphy |
| Manuscript number (if known): |

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 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.

| | | 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) |
|---|---|---|---|
| 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 | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastXNone | 36 months |
| 4 | Royalties or licenses Consulting fees | XNone | |

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|---|--|-------------------------------|-------------------------|--|
| | Payment or honoraria for | X None | | |
| 5 | lectures, presentations, | ^None | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| | Payment for expert | X None | | |
| | testimony | XNone | | |
| | testimony | | | |
| | Support for attending | XNone | | |
| | Support for attending meetings and/or travel | | | |
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| | Patents planned, issued or | None | | |
| | pending | | | |
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| | Participation on a Data | XNone | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
|) | Leadership or fiduciary role | XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| L | Stock or stock options | XNone | | |
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| | Receipt of equipment, | XNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 3 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| | ease summarize the above co | onflict of interest in the fo | llowing box: | |
| | None. | | | |
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| Please place an "X" next to the following statement to indicate your agreement: | | | | |
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| I certify that I have answered every question and have not altered the wording of any of the questions on thi | | | | |
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| Date: July 24 th ,2023 | |
|---|--|
| Your Name: Sakito Masuda | |
| Manuscript Title: Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less lead | |
| technique in left bundle branch area pacing using myocardial perfusion scintigraphy | |
| Manuscript number (if known): | |

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.

| | | 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). | _XNone | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | _XNone | |

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|-------|------------------------------|-------------------------------|--|--|
| | Payment or honoraria for | X None | | |
| | lectures, presentations, | None | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| | Payment for expert | X None | | |
| | testimony | | | |
| | testimony | | | |
| | Support for attending | _XNone | | |
| | meetings and/or travel | None | | |
| | meetings and/or traver | | | |
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| | Patents planned, issued or | _XNone | | |
| | pending | | | |
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| | Participation on a Data | _XNone | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 0 | Leadership or fiduciary role | _XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 1 | Stock or stock options | _XNone | | |
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| | | | | |
| - | Receipt of equipment, | _XNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| _ | services | | | |
| 3 | Other financial or non- | _XNone | | |
| | financial interests | | | |
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| 'ie | ase summarize the above c | onflict of interest in the fo | llowing box: | |
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| ۱e | ase place an "X" next to the | e following statement to ir | dicate your agreement: | |
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| | Legrify that I have answe | ered every question and ha | ive not altered the wording of any of the questions on | |
| | | arai y Macadoni unia ne | | |
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| Date:_ July 2 | 5 th , 2023 |
|-----------------|--|
| Your Name: | Ayako Okazaki |
| Manuscript Tit | le:_ Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less lead |
| technique in le | ft bundle branch area pacing using myocardial perfusion scintigraphy |
| Manuscript nu | mber (if known): |

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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| | | 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 | 36 months |
| 2 | Grants or contracts from | X None | |
| | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | X None | |
|------|---|---------------------------------|-------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | X None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| 9 | Participation on a Data | V Name | |
| 9 | Safety Monitoring Board or | X None | |
| | 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 | |
| | | | |
| | - | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| DI - | | udliak of inkonsuk in the C. II | avvina havv |
| Plea | ase summarize the above co | nflict of interest in the folio | owing box: |
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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 form. | this |
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| Date:July.30 th , 2023 | |
|--|---|
| Your Name:Yoshitaka Kawaguchi | _ |
| Manuscript Title:_ Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less lead | |
| technique in left bundle branch area pacing using myocardial perfusion scintigraphy | |
| Manuscript number (if known): | |

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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| | | 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 | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time innit for this item. | | |
| | | | |
| | | Time frame: past | 26 months |
| • | | | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| _ | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, | _ XNone | |
|------|---|----------------------------|---------------|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | XNone | |
| | | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| | | | |
| | | | |
| 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 | |
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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services | Y N | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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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

| Date:July.30 th , 2023 | |
|--|--|
| Your Name:Yasushi Wakabayashi | |
| Manuscript Title:_ Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less lead | |
| technique in left bundle branch area pacing using myocardial perfusion scintigraphy | |
| Manuscript number (if known): | |

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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| | | 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 | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time innit for this item. | | |
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| | | Time frame: past | 26 months |
| • | | | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| _ | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
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| 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 | XNone | |
| | meetings and/or travel | | |
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| 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 | |
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| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 12 | services | V No. | |
| 13 | Other financial or non- financial interests | XNone | |
| | imancial interests | | |
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| - וח | and all managing the above a | auflict of interest in the | fallowing how |

| None | | |
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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

| Date:Jul 21 st , 2023 |
|--|
| Your Name:_Yuichiro Maekawa |
| Manuscript Title:_ Comparison of the left ventricular dyssynchrony between stylet-driven and lumen-less lead |
| technique in left bundle branch area pacing using myocardial perfusion scintigraphy |
| Manuscript number (if known): |

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.

| | | 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 | XNone | | | |
| | manuscript (e.g., funding, | | | | |
| | provision of study materials, | | | | |
| | medical writing, article | | | | |
| | processing charges, etc.) | | | | |
| | No time limit for this item. | | | | |
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| | Time frame: past 36 months | | | | |
| 2 | Grants or contracts from | Scholarship funds or | Abbott Medical Japan LLC | | |
| | any entity (if not indicated | Donations Scholarship | | | |
| | in item #1 above). | funds | | | |
| | | Scholarship funds or | Medtronic Japan Co., Ltd | | |
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| 3 | Royalties or licenses | XNone | |
| | | | |
| 4 | Consulting fees | X None | |
| | | | |
| _ | Downsont on housewaris for | V. None | |
| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
| 7 | Support for attending | X_None | |
| , | meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | XNone | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | |
| | 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, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |

| Y.M. reports receipt of Scholarship funds or Donations Scholarship funds from Abbott Medical Japan LLC, Medtronic Japan Co., Ltd, and BIOTRONIK JAPAN. |
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|---|--|--|--|--|
| X _I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | | |
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