Date: 6/10/2021

Your Name: Arushi Gulati

Manuscript Title: Ascending Thoracic Aortic Aneurysm Growth is Minimal at Sizes that Do Not Meet Criteria for Surgical

Repair

Manuscript number (if known): QIMS-21-55

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.	UCSF Summer Explore Fellowship	
		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	

			_ _
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	
	- -		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	xNone	
	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,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		
Diag			Harring harr

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

Relevant to this paper is funding from the University of California San Francisco Summer Explore Fellowship				

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

Date:06/07/21	
Your Name:Joseph R Leach	
Manuscript Title: Ascending Thoracic Aortic Aneurysm Growth is Minimal at Sizes that Do Not Meet Criter	ia for
Surgical Repair	
Manuscript number (if known):QIMS-21-55	

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.	XNone	
		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	_XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for	X None			
J	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				
8	Patents planned, issued or	_XNone			
	pending				
9	Participation on a Data	_XNone			
	Safety Monitoring Board or Advisory Board				
10	-	X None			
10	Leadership or fiduciary role in other board, society,	_^NUILE			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X_None			
12	Receipt of equipment, materials, drugs, medical	_XNone			
	writing, gifts or other				
4.2	services	V N			
13	Other financial or non- financial interests	_XNone			
	illianual interests				
Plea	se summarize the above co	nflict of interest in the fol	lowing box:		

None			

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_June 7, 2021
Your Name:	Zhongjie Wang
Manuscript Tit	le: Title:_ Ascending Thoracic Aortic Aneurysm Growth is Minimal at Sizes that Do Not Meet Criteria for
Surgical Repair	<u></u>
Manuscript nu	mber (if known): QIMS-21-55-R1

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.	АНА	Postdoc fellowship for salary
2	Grants or contracts from	Time frame: past	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Relevant to this paper is the AHA postdoc fellowship.				

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:06/07/2021	
Your Name:Yue X	uan
Manuscript Title:	
Manuscript number (if know	

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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) 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past NIH NHLBI K25	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
42		A 1	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the	following box:

Yue Xuan wa	s funded by National 1	Institutes of Heal	th K25HL150408	B.	

__X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	te:06-14-2021						
	ur Name:Michael D. H						
			neurysm Growth is Minimal at Sizes that Do				
N	Not Meet Criteria for Surgical Repair						
Ma	anuscript number (if known)): QIMS-21-55					
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	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 poso.				
	inuscript only.	to the author's relationship	ips/activities/interests as they relate to the <u>current</u>				
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,				
		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				
	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.						
	No time limit for this item.						
		Time frame: past	t 36 months				
)	Grants or contracts from	x None	- So months				
	any entity (if not indicated						
	in item #1 above).						
3	Royalties or licenses	xNone					
	o lu f	N.					
ł	Consulting fees	x_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 meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
,	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x_None	
4.0			
12	Receipt of equipment, materials, drugs, medical	_xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
	None		
1			

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e: 06-11-2021		
Your	Name:David Salone	er	
Ma	nuscript Title: Asce	ending Thoracic Aortic An	eurysm Growth is Minimal at Sizes that Do
	t Meet Criteria for Surgic		·
Man	uscript number (if known)	: QIMS-21-55	
relat parti to transled The stansled The stansled to the	ted to the content of your ies whose interests may be ansparency and does not a tionship/activity/interest, following questions apply uscript only. author's relationships/act be epidemiology of hypertication, even if that medic	manuscript. "Related" means affected by the content of the necessarily indicate a bias. It is preferable that you do not to the author's relationship ivities/interests should be gension, you should declare ation is not mentioned in the necessarily manuscript."	es/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	time frame for disclosure i	s the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		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.		
		- : .	25 1
2	Crants or contracts from	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	xNone	
	in item #1 above).		
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	xNone			
6	Payment for expert testimony	xNone			
7	Support for attending meetings and/or travel	xNone			
8	Patents planned, issued or pending	x_None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None			
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				

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	June 10,	2021			
Your Name	e:Liang Ge	e			
Manuscrip	t Title:_Asceı	nding Thoracic Aortic Aneur	ysm Growth is Minimal at	Sizes that Do not Meet	t Criteria for Surgical
Repair					
Manuscrip	t number (if	known): QIMS-21-550R1			

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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	
1	All support for the present	NIH	R01 funding to study ascending thoracic aortic aneurysm
	manuscript (e.g., funding,	Marfan Foundation	Funded to study aneurysms
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	NIH	
	any entity (if not indicated	Marfan Foundation	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ReValve Med	Unrelated company that develops TAVR related devices
12	Descipt of any investor	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests	_	
Plea	ise summarize the above co	nflict of interest in the	e following box:

Relevant to this paper are the grants from NIH and Marfan foundation to study aneurysms.	

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:June 7, 2021	
Your Name:Elaine Tseng	
Manuscript Title:_ Ascending Thoracic Aortic Aneurysm	Growth is Minimal at Sizes that Do Not Meet Criteria for
Surgical Repair	
Manuscript number (if known): QIMS-21-55-R1	

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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,	NIH	R01 funding to study ascending thoracic aortic aneurysms
	provision of study materials, medical writing, article	АНА	Sponsor for postdoc Dr. Wang funded to study aneurysms
	processing charges, etc.) No time limit for this item.	Marfan Foundation	Funded to study aneurysms
		Time frame: past	36 months
2	Grants or contracts from	NIH	Listed above
	any entity (if not indicated	AHA	Listed above
	in item #1 above).	Marfan	Listed above
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
-		C III I	Book and British the Characteristics and the
7	Support for attending	Cryolife Inc	Randomized clinical trial of hemostatic agent which
	meetings and/or travel		provides travel funds to meetings
8	Patents planned, issued or	None	Have patents but unrelated to this topic
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board	- II	
10	Leadership or fiduciary role in other board, society,	Editor in chief	Journal of Heart Valve Disease
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	ReValve Med	Unrelated company that builds TAVR related devices
	Stock of Stock options	nevalve ivica	officiated company that bands 1744 related devices
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Relevant to this paper mentor to the postdoc	are the grants from NIH and Marfan foundation to study aneurysms and being sponsor and with AHA grant.

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

x	_ I certify that I have answered eve form.	ry question and have n	ot altered the wording	of any of the question	s on this