

# ICMJE DISCLOSURE FORM

Date: 2021-0324  
 Your Name: Yunliang Zhang  
 Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients  
 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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	1 funding	National Key R&D Program of China (No. 2018YFC2001901)
		2 funding	Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003).
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  v  </u> None	
3	Royalties or licenses	<u>      </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

Dr. Zhang received funding support from National Key R&D Program of China (No. 2018YFC2001901) and Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003) and has nothing else to disclose.

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 form.

X

# ICMJE DISCLOSURE FORM

Date: 2021-03-24

Your Name: Jian Tan

Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients

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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3	Royalties or licenses	<u>      </u> None	

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X

# ICMJE DISCLOSURE FORM

Date: 2021-03-24  
 Your Name: Peiyao Li  
 Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients  
 Manuscript number (if known): \_\_\_\_\_

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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		2 funding	Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003).
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  v  </u> None	
3	Royalties or licenses	<u>      </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

Dr. Li received funding support from National Key R&D Program of China (No. 2018YFC2001901) and Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003) and has nothing else to disclose.



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X

# ICMJE DISCLOSURE FORM

Date: 2021-03-24  
 Your Name: Xiaoying Zhang  
 Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients  
 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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  v  </u> None	
3	Royalties or licenses	<u>      </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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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 form.

X

# ICMJE DISCLOSURE FORM

Date: 2021-03-24  
 Your Name: Yitian Yang  
 Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients  
 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 current manuscript only.

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>      </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

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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 form.**

**X**

# ICMJE DISCLOSURE FORM

Date: 2021-03-24

Your Name: Yanhong Liu

Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients

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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3	Royalties or licenses	<u>      </u> None	



4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

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

X

# ICMJE DISCLOSURE FORM

Date: 2021-03-24  
 Your Name: Qiang Fu  
 Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients  
 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

Dr.Fu received funding support from National Key R&D Program of China (No. 2018YFC2001901) and Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003) and has nothing else to disclose.

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X

# ICMJE DISCLOSURE FORM

Date: 2021-03-24  
 Your Name: Jiangbei Cao  
 Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients  
 Manuscript number (if known): \_\_\_\_\_

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

Dr. Cao received funding support from National Key R&D Program of China (No. 2018YFC2001901) and Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003) and has nothing else to disclose.

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# ICMJE DISCLOSURE FORM

Date: 2021-03-24  
 Your Name: Weidong Mi  
 Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients  
 Manuscript number (if known): \_\_\_\_\_

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	1 funding	National Key R&D Program of China (No. 2018YFC2001901)
		2 funding	Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003).
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  v  </u> None	
3	Royalties or licenses	<u>      </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

Dr. Mi received funding support from National Key R&D Program of China (No. 2018YFC2001901) and Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003) and has nothing else to disclose.

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 form.

X

# ICMJE DISCLOSURE FORM

Date: 2021-03-24  
 Your Name: Hong Zhang  
 Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients  
 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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	1 funding	National Key R&D Program of China (No. 2018YFC2001901)
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  v  </u> None	
3	Royalties or licenses	<u>      </u> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

Dr. Zhang received funding support from National Key R&D Program of China (No. 2018YFC2001901) and Clinical Research of PLA General Hospital (No. 2018XXFC-8, No. 2019XXJSYX08, and No. 2019XXMBD-003) and has nothing else to disclose.

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 form.

X

# ICMJE DISCLOSURE FORM

Date: 2021-03-24

Your Name: Hao Li

Manuscript Title: The perioperative application of continuous cerebral autoregulation monitoring for cerebral protection in elderly patients

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

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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 form.

X