

ICMJE DISCLOSURE FORM

Date: 2021-05-07

Your Name: Jing-Yi Wei

Manuscript Title: Sharp recanalization for long-segment superior vena cava occlusion in a hemodialysis patient with vascular resource exhaustion: a case report

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)
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.	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> <input type="checkbox"/> 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:

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.** 2. This manuscript doesn't involve Grants or contracts from any entity (if not indicated in item #1 above). 3. This manuscript doesn't involve Royalties or licenses. 4. This manuscript doesn't involve Consulting fees. 5. This manuscript doesn't involve Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events. 6. This manuscript doesn't involve Payment for expert testimony. 7. This manuscript doesn't involve Support for attending meetings and/or travel. 8. This manuscript doesn't involve Patents planned, issued or pending. 9. This manuscript doesn't involve Participation on a Data Safety Monitoring Board or Advisory Board. 10. This manuscript doesn't involve Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid. 11. This manuscript doesn't involve Stock or stock options. 12. This manuscript doesn't involve Receipt of equipment, materials, drugs, medical writing, gifts or other services. 13. This manuscript doesn't involve Other financial or non-financial interests.

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.

ICMJE DISCLOSURE FORM

Date: 2021-05-07

Your Name: Ling-Ling Wang

Manuscript Title: Sharp recanalization for long-segment superior vena cava occlusion in a hemodialysis patient with vascular resource exhaustion: a case report

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)
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.	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> <input type="checkbox"/> 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:

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.** 2. This manuscript doesn't involve Grants or contracts from any entity (if not indicated in item #1 above). 3. This manuscript doesn't involve Royalties or licenses. 4. This manuscript doesn't involve Consulting fees. 5. This manuscript doesn't involve Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events. 6. This manuscript doesn't involve Payment for expert testimony. 7. This manuscript doesn't involve Support for attending meetings and/or travel. 8. This manuscript doesn't involve Patents planned, issued or pending. 9. This manuscript doesn't involve Participation on a Data Safety Monitoring Board or Advisory Board. 10. This manuscript doesn't involve Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid. 11. This manuscript doesn't involve Stock or stock options. 12. This manuscript doesn't involve Receipt of equipment, materials, drugs, medical writing, gifts or other services. 13. This manuscript doesn't involve Other financial or non-financial interests.

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.

ICMJE DISCLOSURE FORM

Date: 2021-05-07

Your Name: Xue-Mei Zhang

Manuscript Title: Sharp recanalization for long-segment superior vena cava occlusion in a hemodialysis patient with vascular resource exhaustion: a case report

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)
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.	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> <input type="checkbox"/> 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:

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.** 2. This manuscript doesn't involve Grants or contracts from any entity (if not indicated in item #1 above). 3. This manuscript doesn't involve Royalties or licenses. 4. This manuscript doesn't involve Consulting fees. 5. This manuscript doesn't involve Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events. 6. This manuscript doesn't involve Payment for expert testimony. 7. This manuscript doesn't involve Support for attending meetings and/or travel. 8. This manuscript doesn't involve Patents planned, issued or pending. 9. This manuscript doesn't involve Participation on a Data Safety Monitoring Board or Advisory Board. 10. This manuscript doesn't involve Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid. 11. This manuscript doesn't involve Stock or stock options. 12. This manuscript doesn't involve Receipt of equipment, materials, drugs, medical writing, gifts or other services. 13. This manuscript doesn't involve Other financial or non-financial interests.

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.

ICMJE DISCLOSURE FORM

Date: 2021-05-07

Your Name: Tian-Lei Cui

Manuscript Title: Sharp recanalization for long-segment superior vena cava occlusion in a hemodialysis patient with vascular resource exhaustion: a case report

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)
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.	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> <input type="checkbox"/> 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:

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.** 2. This manuscript doesn't involve Grants or contracts from any entity (if not indicated in item #1 above). 3. This manuscript doesn't involve Royalties or licenses. 4. This manuscript doesn't involve Consulting fees. 5. This manuscript doesn't involve Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events. 6. This manuscript doesn't involve Payment for expert testimony. 7. This manuscript doesn't involve Support for attending meetings and/or travel. 8. This manuscript doesn't involve Patents planned, issued or pending. 9. This manuscript doesn't involve Participation on a Data Safety Monitoring Board or Advisory Board. 10. This manuscript doesn't involve Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid. 11. This manuscript doesn't involve Stock or stock options. 12. This manuscript doesn't involve Receipt of equipment, materials, drugs, medical writing, gifts or other services. 13. This manuscript doesn't involve Other financial or non-financial interests.

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.