Da	Date:_July 2 nd , 2021				
Yo	Your Name: Haruchika Yamamoto				
Ma	$Manuscript\ Title: \underline{Meticulous\ closure\ of\ collateral\ vessels\ in\ the\ perihilar\ mediastinal\ pleura\ to\ control\ intraoperative}$				
	eding during lung transplan				
Ma	Manuscript number (if known):JTD-21-1119				
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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.	None			
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	√ None			

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

Da	te:_July 2 nd , 2021			
Yo	ur Name: Seiichiro Sugimoto	0		
Ma	anuscript Title: Meticulous c	losure of collateral vessels	in the perihilar mediastinal pleura to control intraoperativ	<u>e</u>
ble	eeding during lung transplan	tation for pulmonary hype	ertension	
Ma	anuscript number (if known)	:JTD-21-	1119	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medication.	manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare eation is not mentioned in the	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i		d 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	Inlanning of the work	
1	All support for the present		planning of the work	
L	manuscript (e.g., funding,	None		
	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	_ √ _None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	_✓_None		
4	Consulting fees	_✓None		

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

Da	nte:_July 2 nd , 2021		
Yo	ur Name: <u>Kentaro Imanishi</u>		
M	anuscript Title: Meticulous c	losure of collateral vessels	s in the perihilar mediastinal pleura to control intraoperative
ble	eeding during lung transplan	tation for pulmonary hyp	ertension
M	anuscript number (if known)	:JTD-21	1119
re pa to re	lated to the content of your arties whose interests may be transparency and does not lationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current
	anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertoedication, 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 autities with	Su ocifications /Commonts
		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	al 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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	_✓None	

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

Da	te:_July 2 nd , 2021		
Yo	ur Name: Kohei Hashimoto		
M	anuscript Title: <u>Meticulous c</u>	losure of collateral vessels	s in the perihilar mediastinal pleura to control intraoperative
ble	eeding during lung transplan	tation for pulmonary hype	ertension
M	anuscript number (if known)	:JTD-21	1119
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 necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	anuscript only.		· · · · · · · · · · · · · · · · · · ·
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e 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 relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ ✓ _None	
3	Royalties or licenses	_ ✓ _None	
4	Consulting fees	_✓_None	

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

Da	te:_July 2 nd , 2021			
Yo	ur Name: Kentaroh Miyoshi			
Ma	anuscript Title: <u>Meticulous c</u>	losure of collateral vessels	in the perihilar mediastinal pleura to control intraoperat	ive
ble	eeding during lung transplan	itation for pulmonary hype	ertension	
Ma	anuscript number (if known)):JTD-21-	1119	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medication.	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare cation is not mentioned in the author's relationed in the cation is not mentioned in the author's relationed in the cation is not mentioned in the author's relationed in the cation is not mentioned in the author's relationed in the cation is not mentioned in the author's relation is not mentioned in the author's relations.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	• • • • • • • • • • • • • • • • • • • •	d in this manuscript without time limit. For all other item	s,
		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	I planning of the work	
1	All support for the present	✓ None	- Framming of the front	
_	manuscript (e.g., funding,	_vNone		
	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	_✓_None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	_✓_None		
	o lu c			
4	Consulting fees	_✓None		

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

Da	te:_July 2 nd , 2021		
Yo	ur Name: Shinji Otani		
Ma	anuscript Title: <u>Meticulous c</u>	losure of collateral vessels	in the perihilar mediastinal pleura to control intraoperative
ble	eding during lung transplan	tation for pulmonary hype	rtension
Ma	anuscript number (if known)	:JTD-21-	1119
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in to the poort for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
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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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	✓None	
3	Royalties or licenses	_✓_None	
4	Consulting fees	_ ✓ _None	

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

Da	te:_July 2 nd , 2021					
Yo	ur Name: Masaomi Yamane					
Ma	Manuscript Title: Meticulous closure of collateral vessels in the perihilar mediastinal pleura to control intraoperative					
ble	eding during lung transplan	itation for pulmonary hype	ertension			
Ma	anuscript number (if known)):JTD-21-	1119			
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medication.	manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare cation is not mentioned in	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.			
	item #1 below, report all su e time frame for disclosure i	• • • • • • • • • • • • • • • • • • • •	d 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	nlanning of the work			
1	All according to the property		plaining of the work			
L	All support for the present manuscript (e.g., funding,	None				
	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	✓ None				
_	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	✓ None				
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4	Consulting fees	_✓None				

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

Da	te:_July 2 nd , 2021				
Yo	ur Name: Shinichi Toyooka_				
Manuscript Title: Meticulous closure of collateral vessels in the perihilar mediastinal pleura to control intraoperative					
ble	eeding during lung transplan	itation for pulmonary hyp	<u>ertension</u>		
Ma	anuscript number (if known)):JTD-21	1119		
rel pa to rel	lated to the content of your rties whose interests may be transparency and does not lationship/activity/interest, e following questions apply	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current		
<u>ma</u>	anuscript only.				
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e 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 relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
		Time frame: Since the initia	al planning of the work		
1	All support for the present	✓ None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None			
	provision of study materials, medical writing, article processing charges, etc.)		t 36 months		
2	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pasNone	at 36 months		
2	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	Time frame: pas	at 36 months		
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	t 36 months		

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