υa	te: Aug 16, 2022		
Yo	ur Name: Jianrong Li		
M	anuscript Title: Intestinal ba	rrier dysfunction promotes	s the development of systemic inflammatory responses and
lur	ng injury in type A aortic diss	section: a case-control stud	<u>dy</u>
M	anuscript number (if known)):	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" me e affected by the content on necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reported.	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
		I	T
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	institution,
		needed)	
		Time frame: Since the initia	l 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.		
		-: .	
2	Crants or contracts from	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
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6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	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 co	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.			

υa	te: Aug 16, 2022		
	ur Name:Jun Zheng		
Ma	anuscript Title: Intestinal ba	rrier dysfunction promote	es the development of systemic inflammatory responses and
	ng injury in type A aortic dis		
Ma	anuscript number (if known)):	
rel pa to rel Th ma Th to me	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypert edication, even if that medicitem #1 below, report all su	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationshivities/interests should be ension, you should declare that is not mentioned in poort for the work reported.	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
the	e time frame for disclosure i	s the past 36 months. 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 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	
1	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	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 co	onflict of interest in the fo	lowing box:

I have no conflicts of interest to declare.		

Da	te:Aug 16, 2022		
Yo	ur Name: Xiufeng Jin	1	
Ma	nuscript Title: Intestinal ba	rrier dysfunction promotes	s the development of systemic inflammatory responses and
lur	g injury in type A aortic diss	section: a case-control stud	dy
Ma	nuscript number (if known)):	
relipanto relibration me	ated to the content of your rties whose interests may be transparency and does not pationship/activity/interest, of following questions apply muscript only. The author's relationships/activity epidemiology of hypertodication, even if that medicalized the epidemiology of the transparency of the epidemiology of hypertodication, even if that medicalized the epidemiology of the transparency of the epidemiology of the epidemio	manuscript. "Related" me 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	ips/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
		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	l 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	None	
6	Payment for expert testimony	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 co	onflict of interest in the fo	lowing box:

I have no conflicts of interest to declare.		

Da	te:Aug 16, 2022		
Yo	ur Name: Kai Zhu		
Ma	nuscript Title: Intestinal ba	rrier dysfunction promote:	s the development of systemic inflammatory responses and
<u>lur</u>	g injury in type A aortic diss	section: a case-control stud	dy
Ma	nuscript number (if known)):	
relipanto relimato re	ated to the content of your ries whose interests may be transparency and does not eationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" me e affected by the content on necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reporter.	ips/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
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	, and the second
		needed)	
		Time frame: Since the initia	I 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	
}	Royalties or licenses	None	
1	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	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 co	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.			

υa	te: Aug 16, 2022		
	ur Name: Xiaolong W		
Ma	anuscript Title: Intestinal ba	rrier dysfunction promotes	s the development of systemic inflammatory responses and
lur	ng injury in type A aortic diss	section: a case-control stud	<u>ly</u>
Ma	anuscript number (if known)):	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" me e affected by the content on necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reported.	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
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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	s.ttation,
		needed)	
		Time frame: Since the initia	l 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.		
2	Country and the first	Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
	,		
2	Royalties or licenses	None	
3	Royalties or licenses	None	
3	Royalties or licenses	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	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 co	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

Da	te:Aug 16, 2022		
You	ır Name: Hongjia Zh	ang	
Ma	nuscript Title: Intestinal ba	rrier dysfunction promotes	s the development of systemic inflammatory responses and
lun	g injury in type A aortic diss	section: a case-control stud	dy
Ma	nuscript number (if known)):	
related to the mean of the mean of the term of the ter	ated to the content of your ties whose interests may be transparency and does not entionship/activity/interest, of following questions apply nuscript only. The author's relationships/activity entions apply the epidemiology of hypertodication, 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 eation is not mentioned in a poort for the work reported.	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
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
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		needed)	
		Time frame: Since the initia	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.		
		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	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	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 co	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.		