Date:	9/10/2022
Your Name:	AHMED K. ALI
Manuscript Title:	Left ventricular hypertrophy in patients with acute type A aortic dissection: A formidable challenge
Manuscript Number (if known):	JTD-22-938

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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		Name all entities with whom you have relationship or indicate none (add row		;
		Time frame: Since the in	nitial 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	Click the tab key to add additional rows.	
		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		]

		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)
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	

		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)
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	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/10/2022
Your Name:	MARC R. MOON, MD
Manuscript Title:	Left ventricular hypertrophy in patients with acute type A aortic dissection: A formidable challenge
Manuscript Number (if known):	JTD-22-938

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			Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	⊠         None		

		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)
4	Consulting fees	None         Dr. Moon is a consultant/advisory board member for Medtronic.	
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	

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

Date:	9/10/2022
Your Name:	JOSEPH S. COSELLI, MD
Manuscript Title:	Left ventricular hypertrophy in patients with acute type A aortic dissection: A formidable challenge
Manuscript Number (if known):	JTD-22-938

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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>	Image: Second state st	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	<ul> <li>None</li> <li>Dr. Coselli receives a departmental educational grant from Terumo Aortic.</li> </ul>	
3	Royalties or licenses	Dr. Coselli receives royalties from Terumo Aortic.	

		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)
4	Consulting fees Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□       None         □       Dr. Coselli serves as principal investigator and consults for Terumo Aortic.         □       Dr. Coselli consults and participates in clinical trials for Medtronic, Inc., and W. L. Gore & Associates.         □       Dr. Coselli participates in clinical trials for Abbott Laboratories, CytoSorbents, Edwards Lifesciences, and Artivion.         □       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	[⊠] None	

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	advocacy group, paid or unpaid		
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	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:          Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	9/10/2022	
Your Name:	SUBHASIS CHATTERJEE MD	
Manuscript Title:	Left ventricular hypertrophy in patients with acute type A aortic dissection: A formidable challenge	
Manuscript Number (if known):	JTD-22-938	

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	Time frame: past 36 months				
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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	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Image: Second state	Travel to Washington DC to attend Advisory Board March 10, 2022
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<ul> <li>None</li> <li>Edwards Lifesciences</li> <li>La Jolla Pharmaceutical Company</li> <li>Baxter Pharmaceuticals</li> <li>Eagle Pharmaceuticals</li> </ul>	Advisory Board on December 3, 2020 Advisory Board on January 8, 2021 Advisory Board on May 6, 2021 Advisory Board on March 10, 2022
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Enhanced Recovery after Surgery-Cardiac	Executive Board. Non-remunerative

		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)	
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		
Please place an "X" next to the following statement to indicate your agreement: [I] I certify that I have answered every question and have not altered the wording of any of the questions on this form.				