

ICMJE DISCLOSURE FORM

Date: Sep 20th, 2022

Your Name: Yoonjin Kang

Manuscript Title: The long term outcomes of surgical ablation for atrial fibrillation during redo left-sided valvular surgery

Manuscript number (if known): JTD-22-1018-CL

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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None.

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Your Name: Jae Woong Choi

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Your Name: Ji-Seong Kim

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Your Name: Ho Young Hwang

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