ICMJE DISCLOSURE FORM

Date: 2023-05-17

Your Name: Ulrik Sartipy

Manuscript Title: Surgical ventricular reconstruction in ischemic heart disease

Manuscript number (if known): JTD-23-483

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	
1	All support for the present manuscript (e.g., funding,	Swedish Heart-Lung Foundation	Unrestricted research grant to my institution
	provision of study materials, medical writing, article	Region Stockholm (ALF project)	Unrestricted research grant to my institution
	processing charges, etc.) No time limit for this item.		
Time frame: past 36 months			36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		Т				
5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert testimony	X None				
7	Support for attending	X None				
	meetings and/or travel					
	5 ,					
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	XNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone				
11	Stock or stock options	X None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None				
13	Other financial or non-	X None				
13	financial interests					
Dlas	Disease summering the charge conflict of interest in the following how					

Please summarize the above conflict of interest in the following box:

Ulrik Sartipy was supported by grants provided by the Swedish Heart–Lung Foundation (grant number 20220151)					
and Region Stockholm (ALF project) (grant number FoUI-962048).					

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

x	I certify that I have answered every quesform.	stion and have not altered the w	ording of any of the questions on this